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Consideration of reports submitted by States parties under article 44 of the Convention

Fourth and fifth periodic reports of States parties due in 2011

Ethiopia*

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Acronyms

ACPF	The African Child Policy Forum
ANPPCAN	African Network for the Prevention and Protection of the Child against Abuse and Neglect
APAP	Action of Professionals' Association for the Poor
ARI	Acute Respiratory Infections
BCG	Bacilli Calmette Guerin
BEOC	Basic Emergency Obstetric Care
BPR	Business Process Re-engineering
CAS	Country Assistance Strategy
CBCC	Community Based Correction Centres
CBHI	Community Based Health Insurance
CBN	Community Based Nutrition
CBO	Community Based Organization
CBR	Community Based Rehabilitation
CCC	Community Care Coalitions
CDP	Continuing Professional Development
CISWL	Children Who Come in Contact with Law Enforcement Agencies
CJPO	Child Justice Project Office
CPU	Children Protection Units
CRC	Convention on the Rights of Child
CSA	Central Statistics Agency
CSO	Civil Society Organizations
CSRP	Civil Service Reform Program
CTE	College of Teacher Education
DACA	Drug Administration and Control Authority
DAPE	Drug Abuse Prevention Education
DIP	Democratic Institutions Program
DMS	Demography Health Survey
DOTS	Directly Observed Treatment Short Courses
DPT	Diphtheria, Pertussis and Tetanus
ECCE	Early Childhood Care and Education
EDHS	Ethiopian Demography and Health Survey
EFA	Education for All
EFPF	Ethiopian Federal Police Forces
EHRC	The Ethiopian Human Rights Commission
ELIC	English Language Improvement Center
ELIP	English Language Improvement Program
EOS	Expanded Outreach Service
EPI	Expanded Program on Immunization
ERIA	Enhanced Routine Immunization Activities
ESDP	Education Sector Development Program

EWLA	Ethiopian Women Lawyers' Association
FDRE	Federal Democratic Republic of Ethiopia
FFIC	Federal First Instance Court
FGM	Female Gentile Mutilation
FHIA	Federal Health Insurance Agency
FMOH	Federal Ministry of Health
FSC	Federal Supreme Court
FSCE	Forum on Sustainable Child Empowerment
FSHIA	Federal Social Health Insurance Agency
FSP	Food Strategy Program
GDP	Gross Domestic Product
GEQIP	General Education Quality Improvement
GER	Cross Enrolment Rate
GOs	Governmental Organizations
GPI	Gender Parity Index
GTP	Growth and Transformation Plan
HAPCO	HIV/AIDS Prevention and Control Office
HCT	HIV Counselling and Testing
HDP	Higher Diploma Program
HEP	Health Extension Program
HEW	Health Extension Worker
HMIS	Health Management Information System
HSDP	Health Sector Development Program
HTP	Harmful Traditional Practice
ICT	Information Communication Technology
IDA	International Development Assistance
IGA	Income Generating Activity
ILO	International Labour Organization
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IOM	International Organization for Migration
ITN	Insecticide Treated Net
IYCF	Infant and Young Child Feeding
JFA-PFE	Justice for All and Prison Fellowship-Ethiopia
JICA	Japan International Cooperation Agency
LAMP	Leadership and Management Program
LLITN	Long Lasting Insecticide Net
MDG	Millennium Development Goals
MDT	Multi Drug Therapy
MMR	Maternal Mortality Ratio
MOA	Ministry of Agriculture
MOCT	Ministry of Culture and Tourism
MOE	Ministry of Education
MOFA	Ministry of Federal Affairs

MOFED	Ministry of Finance and Economic Development
MOH	Ministry of Health
MOJ	Ministry of Justice
MOLSA	Ministry of Labour and Social Affairs
MOU	Memorandum of Understanding
MOWCYA	Ministry of Women, Children and Youth Affairs
MSE	Micro and Small Enterprises
NER	Net Enrolment Ratio
NEWA	Network of Ethiopian Women's Associations
NGO	Non-Governmental Organizations
NHA	National Health Account
NNP	National Nutrition Program
NNP	National Nutrition Program
NNS	National Nutrition Strategy
NPA	National Plan of Action
NPAEWFCL	National Plan of Action on Elimination of the Worst Forms of Child Labour
OTP	Out-Patient Therapeutic
OVC	Orphaned and Vulnerable Children
PASDEP	Plan for Accelerated Development to End Poverty
PHCU	Primary Health Care Unit
PHEW	Pastoralist Health Extension Workers
PMTCT	Prevention of Mother to Child Transmission
PSNP	Productive Safety Net Program
PTA	Parent Teacher Association
RH	Reproductive Health
RHB	Regional Health Bureau
RTD	Real Time Dispatch
SAM	Severe Acute Malnutrition
SDPRPI	Sustainable Development and Poverty Reduction Plan I
SHI	Social Health Insurance
SNE	Special Needs Education
SNNPR	Southern Nations Nationalities and Peoples' Region
STI	Sexually Transmitted Infection
TB	Tuberculosis
TPC	Tuberculosis Prevention and Control
TTI	Teacher Training Institution
TTTM	Tsotawi Tekat Tekelakay Mahiber
TVET	Technical and Vocational Education Training
VAC	Violence against Children
VAWC	Violence against Women and Children
VCT	Voluntary HIV/AIDS Counselling and Testing
WCPU	Women and Children Protection Unit

Foreword

The fourth and fifth consolidated periodic report of Ethiopia on the implementation of the Convention on the Rights of the Child (CRC) is in pursuance of Article 44 of this Convention. This report builds on the third periodic report and presents progress, some challenges, as well as the way forward, which the country has made in promoting and protecting children's rights guaranteed under the Convention. The report also seeks to highlight the general and specific measures adopted in the implementation of the Convention since the last report.

The Ethiopian Government believes that unless resources are available and communities and families are all committed, the rights set out for children in the CRC cannot be realised. For this reason, the State pledges to prioritize children's issues, commit resources and sensitise the community for ensuring the protection and realisation of children's rights in Ethiopia.

While drafting the report, emphasis was mainly placed on the recommendations of the Committee on the Rights of the Child made during the consideration of the previous reports. The report is also focused on the eight thematic areas of the Convention for reporting as provided by the guidelines for state party reporting.

The Committee will appreciate that every effort has been made to submit a national report that goes beyond the administrative duty to submit but also presents a balanced and objective account of the realities of the situation of Ethiopian children as well as the challenges faced by the State and society in implementing the provisions of the CRC.

The preparation of this report was facilitated by the Ministry of Women Children and Youth Affairs (MOWCYA).

I. General information

A. Background and introduction

1. Ethiopia is the 10th largest country in Africa covering 1,138,512 square kilometres. According to the national projection of the 2007 National Population and Housing Census, Ethiopia's population was projected to be 82,101.998 in 2011of which 41,431,989 are male and 40,670,009 are female (CSA National Statistics Abstract 2010). Children below the age of 18 years constitute 52.9% of the population (CSA National Census Report 2008). 84% of the population lives in rural areas (CSA 2007).

2. Agriculture is the mainstay of the economy accounting for 83.4% of the labour force, 43.2% of the Gross Domestic Product (GDP) and 80% of exports. The agriculture Development-Led Industrialization (ADLI) Strategy was adopted in 1993 to stimulate the country's economic growth, promote the development of the agricultural sector and improve the lives of farmers through increased productivity.

3. Ethiopia has made substantive economic progress complemented by a strong performance in the agriculture, industry (construction and manufacturing) and service sectors. The 2009/10 overall economic performance measured by growth in real GDP is 11.3%. The same period witnessed the average growth in agriculture, industry and service sectors were 10.3%, 10.2% and 13% respectively (MOFED Annual Report 2009/10). During the same period, health service coverage and school enrolment rates were remarkably improved at all levels due to the Government's focus (MOFED 2010).

4. The gross enrolment rate in primary education rose from 79.8% in 2005 to 94.2% in 2010. Primary health service coverage increased from 30% to 68%. Access to safe water coverage rose from 36% to 68.5% during the same period. The proportion of population living below poverty line has declined from 44.2% (MDG base) in 1999/2000 to 39% in 2008. Life expectancy at birth increased by almost 5 years from 51.8 year (UDH 2007/08) to 56.1 years (HDR 2010), and GNI per capita increased by a remarkable 75% between 2000 and 2010 (HDR 2010).

5. The 2005-2010 Plan for Accelerated and Sustained Development to End Poverty (PASDEP) recognized the relevance of human rights and endorsed the national action plans on gender equality and children. Furthermore, the Growth Transformation Plan 2010-2014 (GTP) represents a marked improvement and dedicates a separate chapter on children and women (UNICEF: 2011). These comprehensive poverty reduction strategies are continuing to succeed in registering constant decline in poverty levels, for instance from 49.5% in 1994 to 38.7% in 2004/05 and 29.2% in 2009/10 (MOFED 2010).

6. During the Sustainable Development and Poverty Reduction Plan I (SDPRPI) period (2002/03-2004/05), real GDP grew on average by about 5% per annum. However, during the first three years of PASDEP the country registered an average economic growth of 11.8% per annum with steady and strong positive performance in real GDP. This steady growth marks a significant progress, not only compared to the 7% annual growth target that would be required to meet the MDG, but also to realize Ethiopia's objective to become a middle-income country in the next two decades.

B. Methods used in the preparation of the report

7. The Ministry of Women, Children and Youth Affairs (MOWCYA), as per article 32 (10) of the Proclamation that defines powers and duties of the Federal Executive Organs (Proclamation No. 691/2010) is the main Government body in charge of coordinating and implementing the Child rights in the country and has responsibility to summit periodic reports on the implementation of CRC to the CRC Committee. In preparation of this report, the Ministry established and chaired a taskforce of experts drawn from the MOWCYA, Ministry of Labour and Social Affairs (MOLSA), Ministry of Education (MOE), Ministry of Justice (MOJ), Ministry of Finance and Economic Development (MOFED), Ministry of Foreign Affairs (MFA), Ministry of Health (MOH), Ministry of Federal Affairs(MOFA), Ministry of Agriculture (MOA), Ministry of Culture and Tourism (MOCT), Ethiopian Federal Police Forces (EFPF), Addis Ababa City Administration Police Commission (AACAPC), and Supreme Court Child Justice Project. The Directorate of Women and Children within the MOWCYA organized several consultations for the taskforce and distributed responsibilities and made preparation plans for the report.

8. Members of the taskforce were deployed for fact finding missions to regions and they held consultations with children's parliaments and national and international NGOs working on children care and support programs in all regions.

9. A three-day consultative meeting was organized by the MOWCYA to validate the zero draft in the presence of more than 100 participants from federal and regional sector bureaus and local and international NGOs. The report was reviewed in relation to the concluding observations on the country's last periodic report and latest reporting guidelines of the CRC Committee. Subsequently staff of Directorate of Women and Children within the MOWCYA proceeded with the finalization of the report by incorporating suggestions and comments forwarded during the validation meeting.

10. UNICEF supported the preparation of this report by availing required financial and technical resources.

II. General measures of implementation

11. Ethiopia has made extensive efforts to implement the 2006 concluding observations of the Committee on the Rights of the Child on the third periodic report (CRC/C/129/Add.8), as well as other important additional measures not referred to in the observations. These are as follows.

A. Ratification of international instruments

12. Ethiopia has undertaken some important steps towards ratification of some international instruments relevant to children. In an effort to protect and promote the rights of children with disabilities, Ethiopia ratified the Convention on the Rights of Persons with Disabilities (CRPD) on 7 July 2010. Furthermore, Ethiopia signed the Optional Protocol on the Involvement of Children in Armed Conflict on 28 September 2010.

B Legislative and policy measures

13. Since the adoption of its Constitution in 1996, with a number of provisions relevant for children's rights (particularly article 36), the Federal Democratic Republic of Ethiopia (FDRE) has taken significant administrative, policy and law reform measures aimed at

ensuring compatibility of national laws with provisions of international human rights instruments that are relevant to the protection of the rights and welfare of children. A number of legislative and policy measures have been undertaken since Ethiopia's last report to the UN Committee on the Rights of the Child in 2005.

14. The Right to Employment of Persons with Disabilities Proclamation No. 568/2008 recognizes and protects the rights of persons with disabilities to be employed in any suitable job without discrimination. This Proclamation was reinforced by the Building and Construction Code on Barrier-Free Accessibility adopted in the same year to ensure accessibility. In addition to this, the Technical and Vocational Educational Training (TVET) requires that children and young people with disabilities are afforded special attention when enrolled in technical and vocational training.

15. Ethiopia has developed a draft Comprehensive National Child Policy with due consideration of the principles and provisions of the CRC and ACRWC to guide the work of various actors dealing with children and also promote the rights of children. The policy emphasizes on three central strategies, (1) development and growth, (2) prevention and protection, and (3) rehabilitation, care and support. The draft Comprehensive National Child Policy is finalized to be presented to the parliament.

16. The National Criminal Justice Policy issued in 2011 has incorporated various changes to address a number of gaps observed in the criminal justice systems and ensure compatibility with the provisions of the CRC and ACRWC. The policy devoted a separate section for care and special handling of victims of crimes and children in conflict with the law. For instance, section 6 of the policy focuses on the circumstances of vulnerable children, the rights of victims to participate in criminal investigation and procedures for charging and trial, legal protection and handling of children in conflict with the law, alternative remedial measures and establishment of special units for children. Most of these provisions provide protection to children who are victims of FGM, early marriage, child labour, neglect and abuse, to name few.

17. Following the adoption of the National Criminal Justice Policy, the Criminal Procedure Code (CPC) was revised and presented to the Federal Parliament for deliberation and enactment. The revised CPC incorporated significant measures to ensure children's access to protective and child friendly justice system. These include measures such as application of diversionary methods and setting up child friendly structures at various levels in the judicial process in line with international principles and standards.

18. In this regard, the Cassation Bench of the Federal Supreme Court passed a landmark decision by invoking the principle of the best interests of the child (article 3 of the CRC) when reversing the decision passed by lower courts on a child custody case, despite the fact that the relevant family law provides otherwise. The Cassation Bench has set precedence by recognizing the principle of "the best interest of the child" as the main standard to be considered when deciding on the issue of child custody and other issues affecting children.

19. The National Policy Framework for Early Childhood Care and Education (ECCE) was developed in 2010 to ensure the provision of good quality services to all children from birth to the age of seven. The Policy Framework was developed to ensure the rights of children to health care and nurturing in a safe, caring and stimulating environment to develop their full potential. The strategic objectives of the Policy Framework focus on establishing a coherent governance and program implementation structures for ECCE and also mainstreaming it in all relevant national policies and programs; promoting the development of accessible, equitable and quality ECCE services for children particularly to those with special needs and marginalized children; protecting young children from abuse and harmful practices; promoting and strengthening partnerships and collaboration among

all stakeholders required for mobilization of the necessary resources and ensuring effective delivery of services and programs for young children.

20. Ethiopia has spent about 6.5% of its GDP for social protection in order to supplement the effectiveness of investments in health, education and other sectors, the realization of the MDG and reduction of children's vulnerability to economic shocks and price surge in food items. In addition, a Social Protection Policy framework which is based on the African Union Social Policy Framework (AU SPF) is finalized to provide social protection programs in the country; for which specific implementation strategies, investment frameworks, institutional arrangements, national action plans and guidelines are being prepared.

C. Coordination

21. MOWCYA is currently designated as the supreme authority to nationally coordinate activities on the rights of the child (Proclamation No. 691/2010). Accordingly, based on a Business Process Re-engineering (BPR) study, the Ministry restructured and re-equipped its human and financial resources to effectively execute its mandates.

22. The Ministry has setup various working strategies to coordinate and monitor the performance of the Federal Ministries and Regional Bureaus in accordance with the principles of CRC and ACRWC. One of the strategies was collecting annual plans and performance reports of Federal Ministries and Regional Bureaus, organizing common platforms for stakeholders to evaluate the overall performance and identifying challenges and solutions on a mid-term and annual basis.

23. The other strategy is building the capacity of all regional, Zonal and Woreda level Women, Children and Youth Affairs Bureaus to respond to their duties and mandates with regard to the protection of the rights of children. In relation to the financial resource allocation, the Ministry, as well as the Regional Offices are entitled to obtain funds from the Government, the UN and other donor agencies.

24. The Directive on the Responsibilities and Functions of Executive Committees of the Convention on the Rights of the Child issued by MOLSA in 1995 and amended in 2002 was further revised by MOWCYA in 2009/10. The Directive calls for the establishment of Federal/National, Regional, Zonal, Woreda and Kebele level CRC Executive Committees and an Inter-Ministerial Committee which has the overall mandate of overseeing the implementation of the CRC by coordinating, monitoring and evaluating efforts at both federal and regional levels. The Committee also provides policy support and mainstreaming CRC in sectoral strategies and development plans. Following the development of a National Orphans and Vulnerable Children (OVC) Plan of Action for 2004-2006, relevant actors have collectively taken measures towards an integrated, holistic and coordinated response to address the issue of OVC. In addition, a taskforce was established to oversee the work of all partners and has branched out to almost all regions and in some Zonal, Woreda and Kebele levels.

25. As a step to ensure the institutionalization, mainstreaming and coordination of the CRC, various coordinating structures are established and action plans are formulated and adopted. These structures are given the tasks to oversee the coordinated implementation of these national action plans. Some of the committees that collaboratively work to promote and protect the rights of the child include the National CRC Committee, National OVC Task Force, the National Steering Committee against Sexual Abuse and Exploitation of Children, the National Steering Committee on Child Labour, the Inter-Institutional Management Team Working on Gender Based Violence (GBV) and Violence against Women and Children, and the National Committee on Trafficking in Women and Children.

D. National plans of action

26. The PASDEP of 2005/06-2009/10 is the Government's second poverty reduction strategy paper which is linked with the MDGs and accords high priority to children. Similarly, the GTP gives due attention to children's affairs and its main objectives include (1) ensuring the inclusion of child well-being indicators in the country's economic growth, (2) respecting children's rights, (3) providing appropriate care to OVC, (4) promoting the rights of children to participate, and (5) protecting children from harmful traditional practices (HTP).

27. As a continuation of the preceding program of action for children (1996-2000), a National Plan of Action (NPA) for children (2003-2010) was endorsed by taking considerations to the goals and objectives of other international and national programs such as the MDGs.

28. The NPA identified four thematic areas (1) promotion of health lives, (2) provision of quality education, (3) protecting children against abuse, exploitation, and (4) combating HIV/AIDS. Subsequently the NPA identified targets, strategies, activities as well as indicators to protect children against abuse, exploitation and violence. These measures include piloting birth registration practices, revision of laws, raising awareness about harmful traditional practices, improvement of the juvenile justice system, assisting children in especially difficult circumstances and combating child labour. This action plan was being implemented and achievements were made with regard to these components.

29. Two major contributions towards the realization of children's rights to care and protection are the National Action Plan on Sexual Abuse and Exploitation (2006-2010) and National Plan of Action on Orphans and Vulnerable Children (2004-2006). Although these plans of actions have phased out, both contributed to the improvement of legal and regulatory framework, prevention, protection, rehabilitation and reintegration strategies, advocacy and capacity building of the institutional arrangements and monitoring and coordination of interventions.

30. Ethiopia, as a state party to the ILO Convention No. 182 developed a National Plan of Action for the Elimination of the Worst Form of Child Labour2010-2014. Since the development of the plan, the Government has taken measures to combat the work of illegal private employment agencies through the establishment of an independent Directorate that trained private employment agencies. A program is also being implemented to rehabilitate children living and/or working on streets through skills training and job creation programs.

31. A national coordinating body composed of 18 higher officials including ministers, court presidents, police commissioners, director general of prison authority and three regional justice bureaus was established with the objective of setting up a multi sectoral and integrated approach to prevent and respond to violence against women and children. Moreover, MOJ drafted a 5-year national strategic plan and a 3-year action plan that are ready for endorsement.

E. Independent monitoring

32. The Ethiopian Human Right Commission (EHRC) and the Institute of Ombudsman conduct periodic follow ups on the implementation of human rights conventions and treaties and submit observations and proposals to the competent authorities. The EHRC also coordinates and cooperates with other human rights bodies, receive complaints about alleged violations of human rights and refer them to the relevant authorities. Both institutions also have desks dedicated to handling the affairs of children.

33. EHRC and the Institute of Ombudsman work in collaboration with UNDP under the Democratic Institutions Program (DIP). This resulted in developing different programs and projects for the benefit of children. For instance, one such collaboration resulted in a review conducted by EHRC on the achievements of the first cycle education where gaps and future strategies were recommended. The recommendations were further reviewed in relation to the status of children's protection rights which were later incorporated in the civics education program. In addition to this, the Commission in collaboration with all Regional Education Bureaus selected 90 model primary schools and designed a program to make schools conducive for children in exercising their rights.

34. In order to make the EHRC accessible to the public at large, six regional branch offices are opened in Tigray, Amhara, Oromia, Somali, Gambella and Southern Nations, Nationalities and Peoples' (SNNP) Regions and are fully functional. Similarly, the Institute of the Ombudsman has finalized preparations to open branch offices in 5 regions in Tigray, Oromia, Amhara, SNNP, and Dire Dawa.

35. Recently, EHRC signed a Memorandum of Understanding with 16 government universities throughout the country to open legal aid centers and provide free legal aid services to disadvantaged groups, particularly women and children. In addition, 39 free legal aid centers are opened at Woreda level in collaboration with Ethiopian Women's Lawyers Association. The total number of legal aid centers supported by the Commission have reached to over 104.

36. Since 2007/08 the Commission has also been organizing annual consultative forums with the aim of sharing experience among key stakeholders to end violence against women and children. Participants of the forum were drawn from federal and regional courts, justice bureau, women and children affairs, women and youth associations as well as NGOs. Each year, the participants identify the gaps and challenges faced in preventing and responding to violence against women and children and also share best practices with the view of scaling up.

37. The Commission also received complaints from/or on behalf of children about violation of rights and conducted investigations. It also took initiatives to investigate conditions in prisons and orphanages, recommended various corrective measures and to do awareness raising about its work and expand its reach to the population, including by running advertisements on national television.

38. The Institute of Ombudsman established 11 model child parliaments in nine regions and two city Administrations which are fully equipped financially and materially. There are also more than 60 child parliaments established at Woreda level. Overall, the institutions conducted capacity building training for child parliamentarians in 36 rounds. Similarly their founding members held 36 consecutive meetings. These enable children to exercise and express their views freely in all matters affecting them. As can be seen here the view of every child is given a proper weight in accordance with their age and maturity level as it is specified as one of the general principles of the Convention (article 12).

39. The Institute of Ombudsman receives complaints on cases on mismanagement and investigates the cases. However, since the only means that children can lodge their complaints is through their parents or guardians, the strength and willingness of these parties determines the success of the Ombudsman in addressing violations of children's rights. As a result, the number of complaints brought so far to the Institution is minimal. Therefore, the institution is planning to design a mechanism to directly get the views of children for the purposes of encouraging them to lodge complaints and practice expressing their views through the children's parliaments.

40. Activities like CRC Committee training, distribution of child-friendly booklets, celebration of international and regional human rights and child rights events (with panel discussions, TV programs, and discussions with children in orphanages) are used as some of the means used by the Government to spread the knowledge of the CRC to the wider public. The translation of the Constitution as well as the core international human rights instruments by the Commission to Amharic, Tigrigna, Oromifa and other local languages is also an important step in this regard.

41. The Institution has conducted 37 trainings each lasting for 3 days for members of children's parliament on the CRC, ACRWC, the Constitutional and other rights of children and the concept of good governance. It has also conducted 37 trainings each lasting for a day and targeting the different executive, legislative and judicial organs on issues relating to the rights of children.

42. The Institution has also conducted 10 supervisions of 50 governmental institutions in relation to alleged mismanagements reported by children parliamentarians. It has also conducted research on the achievements of the children's parliaments and developed a guideline which will help to organize and strengthen children's parliaments.

43. The Institution has undertaken National Children's Parliament Forum where child members of parliaments, selected from all parts of the country, held consultations with the President of the country as well as the Speaker of the House of Parliament. Each of the children's parliaments presented reports of their achievements with regard to their efforts in curbing issues relating to mismanagement.

44. The work of the children parliamentarians also include efforts to curb HTPs such as FGM, abduction, early marriage and violence against children and women which include battering, abuse, rape, etc. The parliamentarians also work on environmental protection, health, education, justice and various social, political and economic issues. Thus, children's parliaments have created an opportunity for various sectors to work with the children.

45. In collaboration with the Ethiopian Youth Federation, the institution provided Training of Trainers for 2,879 Youth Federation leaders and members. The training focused on issues relating to the rights of vulnerable groups including children. As a result, 4,345,305 members of the public have received information about the rights of children. In 2011, in collaboration with the Women's Federation, the Institution has launched a similar campaign to reach out to 5,000,000 members of the public on the same regard.

46. The Institute of the Ombudsman has organized various awareness raising workshops for more than 15,000 persons from the executive, legislative and judicial organs at different times. It has also undertaken regular bi-annual sessions with the children's parliamentarians to discuss their concerns about mismanagement and issues relating to their rights.

47. The Institute of the Ombudsman organized the production and transmission of various programs and spot announcements on child rights issues in the mass media. Relevant articles were written on magazines and newspapers, and posters and brochures have also been printed and distributed to the public.

48. The Government took due consideration to strengthen these institutions with human and financial resources from the Government and UN agencies. For instance, the budget allocated by the Government for EHRC and the Institute of the Ombudsman has increased from Birr 7,332,700 in 2008 to Birr 8,404,900 in 2010.

49. The activities of the EHRC also include monitoring visits to orphanages and alternative care providing institutions to check the quality of their services from a human rights perspective. If their standard is below the required level, the Commission recommends their immediate improvements or even closure.

50. The Commission developed the second strategic plan for the period of 2011/12-2015/16 with a focus on addressing the human rights of women, children and other vulnerable groups of the society.

51. The Commission also monitored more than 95% of prisons in the country with the aim of making recommendations to the concerned bodies. Children (by definition those who are under 18 years of age) and those who are found in prisons accompanying their inmate mothers received a lot of focus during the monitoring visits. After the monitoring visits, the Commission recommended improvements on the conditions of living and on the status of their human rights.

52. The Commission has also visited the children correction center twice in 2011 and provided recommendations. Accordingly, most of the recommendations were accepted and appropriate actions taken by the relevant organs. Based on the findings of the monitoring visits, a training was provided to the staff relating to human rights, the CRC and other local and international laws and standards relevant to children in general, and children in conflict with the law in particular.

53. The Commission has also conducted different trainings targeting a wide variety of members of the society including teachers, prison officials, police officers, media professionals, military personnel, community representatives, as well as federal and regional members of parliament.

54. The yearly "moot court" competition of the Commission is also one good example of the efforts that are being made for the dissemination of the contents of the CRC to the general public. In 2011 and 2012, the issue that the participants in the moot court debated on revolved around inter-country adoption of children. As a result, the issue was popularized among law students in almost all universities in the country and the program was broadcasted on national TV. A panel discussion was also conducted on inter-country adoption and on the Hague Convention.

F. Resources for children

55. Budget is a crucial component for advancing the survival, protection and development of children. This is particularly the case in situations where the capacity of most families to finance and provide basic needs for their children is limited and there are huge unmet needs for access to basic services.

56. The Government continues to dedicate increased amount of resources for the development of the people and children as can be observed from its allocation of the budget over the past years. For instance, the annual budget of the Government is increased from Birr 28,031,758,089 in 2005/06 to Birr 71,281,521,463 in 2009/10. The annual expenditure for education and health sectors increased from Birr 2,744,244,304 in 2005/06 to Birr 6,755,966,147 in 2009/10 and Birr 529,660,215 in 2005/06 to Birr 3,786,096,503 in 2009/10 respectively. This shows the Government's commitment to improve the promotion and protection of children's rights. For additional information refer to Table 1: Budget allocation for state sectors.

G. Data collection

57. The Government is collaborating with the Central Statistical Agency (CSA) to address gaps related to data on children for instance collecting disaggregated data by age, sex and family status of children during the national 2007 National Census. Additionally the Ethiopia Demographic and Health Survey (2011 EDHS) conducted under MOH was

implemented by the CSA. Children who come in contact with law enforcement agencies are systematically registered in a database designed by Ethiopian Federal Police Commission, Federal Court and MOJ thus all crimes committed against children, including sexual abuse, trafficking, and abandonment are being recorded. The MOWCYA is planning to design a database for recording information on orphan and vulnerable children. For more information refer to Table 2: Number of orphans by age and sex.

H. Dissemination, training and awareness-raising

58. The Ethiopian Government in collaboration with UNICEF, other UN agencies and civil society organizations is making extensive efforts to create awareness about the CRC and mobilize the public around children's rights. Its campaigns include commemorations of Universal Day of the Child, Day of the African Child and International Human Rights Day at national, regional and grassroots levels with active participation of children. Moreover, it largely uses mass media to transmit messages to the community about child rights.

59. Government and non-government institutions are engaged in translating the CRC in 11 local languages and disseminating it to various institutions and professionals. The EHRC distributed about 50,000 copies of International Human Rights Conventions including the CRC, and 40,000 copies of the Constitution of the Federal Democratic Republic of Ethiopia (FDRE). Various brochures prepared on child rights issues were largely distributed to the public. Moreover, MOWCYA and its regional offices distributed additional 50,000 copies of the CRC booklet throughout the regions.

60. MOWCYA, in collaboration with the regional bureaus, conducted various trainings with regard to the CRC. The Ministry gave the trainings to various strata of the government and public representatives including school principals, health professionals, social workers, prosecutors, staff of the judiciary, police officers, religious leaders and elders, leaders of community based organizations and representatives of NGOs. This process led to all sectors of the population and brought tangible changes in the outlook of the society towards children. The Ministry also prepared and distributed 2,000 copies of the child rights Convention training manual to pertinent institutions and the public.

61. The CRC Committee, the National Taskforce on OVC, the National Steering Committee against Sexual Abuse and Exploitation of Children and the National Steering Committee on Child Labor also supported these efforts through awareness raising activities on child rights provision at federal, regional, Zonal and Woreda level.

62. Moreover, the third periodic report, the concluding observations and other related materials were published and widely disseminated. Additionally, MOWCYA and its supportive organs conducted federal and regional consultative workshops.

63. A child rights training is incorporated in regular trainings of the Ethiopian Federal Police university colleges and training institutions. Around 80 child parliaments are established at federal, regional and Woreda levels and almost all schools in the country have established child rights clubs and are able to raise awareness about different child rights issues among students and school communities, through the use of school mini media and other mechanisms.

64. Special sections which encourage professionalism in the observance and monitoring of human rights are incorporated in the curriculum of schools, teacher training colleges and higher education establishments. MOE has approved methodological aids for teachers to provide instructions on human rights. Children also learn about their rights as part of "Civic Education" courses in schools.

I. Cooperation with civil society

65. The enactment of Charities and Societies Proclamation (CSO Proclamation) No. 621/2009 created an adequate legal framework to administer the sector, defined area of intervention of charities and societies, created conducive situations for NGOs to operate and defined their relations with sector bodies. Currently, civil societies play an important role in the care and support of OVC.

66. CSOs are working in seven core service areas which are considered critical components of services for vulnerable children. The seven services are (1) shelter and care, (2) economic strengthening, (3) legal protection, (4) health care, (5) psychosocial support, (6) education, food and nutrition, and (7) coordinated care linked to all sectors for appropriate mix of services for program beneficiaries. Coordination of care is overarching to the other service areas and creates strong information sharing mechanisms, good level of cooperation, collective vision and long term commitments.

III. Definition of the child (art. 1)

67. Detailed information concerning the definition of the child in accordance with article 1 of the Convention is given in paragraphs (57-61) and/or pages (17-18) CRC/C/129/Add.8 in the period 28 October 2005, of the third periodic report.

IV. General principles (arts. 2, 3, 6 and 12)

A. Non-discrimination (art. 2)

68. The Federal and Regional Constitutions of Ethiopia prohibit discriminations on grounds of race, nation, nationality or other social origin, colour, sex, language, religion, political or other opinion, property, birth or other status. A lot of other subordinate laws, policies and strategies endeavour to address marginalization and achieve equality of opportunities and results.

69. The Government of Ethiopia put in place a National Women/Girls' Education Strategy (2009/10) by considering the fact that education was an area where equal and full participation of girls was challenged. The traditional norms and negative perceptions challenging the participation of girls in education are being addressed through community sensitization efforts and activities of parent-teacher associations (PTAs) which carry out outreach activities as part of the school improvement plan in the education sector.

70. A National HIV/AIDS Policy was adopted in1998 to eliminate discrimination against children affected and infected by HIV/AIDS. The policy deals with prevention, control and treatment aspects of HIV/AIDS. It also states that persons with HIV/AIDS "shall not be subject to special restrictions on employment, education, access to public facilities, or housing". The Ethiopian strategic plan adopted in 2004 for intensifying multi-sectoral HIV/AIDS response (2004-2008) also emphasizes the protection of rights of individuals infected and affected by HIV/AIDS.

71. The Administration for Refuges and Returnee Affairs (ARRA) takes necessary measures to ensure the proper handling of refugee children and takes measures to ensure their protection from discrimination and abuse, free access to medical care, education and social and psychological assistance, and secured environment for accommodation. Currently, Ethiopia provides basic services for 273,323 refugees from neighbouring countries; Somalia, Sudan, Kenya and Eritrea.

B. Best interests of the child (art. 3)

72. Significant efforts are being made to ensure that the best interest of the child is one of the primary considerations in decisions concerning individual or groups of children. These include issues related to custody (Family Code, article 113) as well as determination of alternative child care arrangements. The Federal and regional Constitutions, the family laws and administrative guidelines on various issues provide the legal basis to ensure the determination of the best interests principle.

73. The MOJ has established special investigation and prosecution teams with particular emphasis on prosecuting perpetrators of child abuse and neglect in each prosecution office (justice office) in Addis Ababa and Dire Dawa. Similarly, there are Women and Children Protection Units (WCPU) in various police stations in the country. There are on-going efforts by Government and non-government organizations to equip these units with the necessary human and material resources.

74. The number of child friendly benches dealing with cases of child victims as well as children alleged with violating the law is increasing. The judges and prosecutors involved in such special benches are trained on child justice issues and techniques of handling children in the justice system. The child friendly benches are assisted by social workers to facilitate the communication between the child and the court as well as to provide emotional and psychological support to the children. Furthermore, children who require further psychosocial support are linked with service providing government and non-government organizations. Currently, three centers are underway in Addis Ababa, Amhara, South Nations, Nationalities and Peoples Region (SNNPR) for children who are victims of abuse and violence could get comprehensive services. Such centers are modelled after the establishment of the Thutuzela Care Center in South Africa for survivors of gender based violence (GBV) to provide legal, psychological and medical services for women and children in adoption, inter country adoption, education especially primary education, etc.

C. The right to life, survival and development (art. 6)

75. Article 15 of the Constitution of the FDRE states that everyone has the right to life so that no person may be deprived of his life except as a punishment for a serious criminal offence determined by law. Article 36 of the Constitution specifically states the right of the child to life. In Ethiopia, the death penalty cannot be pronounced on persons who were below the age of 18 at the time of the commission of a crime as per the provisions of article 176 of the 1994 Criminal Code.

76. Pneumonia, diarrhoea, malaria, neonatal problems, malnutrition and HIV/AIDS and often combination of these conditions are among the leading causes of child mortality. Recognizing its duty of fulfilling the conditions for the survival and development of children, the Ethiopian Government has taken various measures to combat child health problems, thereby reducing infant and child mortality and enhance child well-being and development.

77. Programs designed to improve child survival include health extension programs and child survival strategy and national nutrition program. Special measures have been adopted to ensure the survival and development of children through the implementation of free services for neonatal care, vaccination, prevention of transmission of HIV/AIDS from mother to child (PMTCT) and ART (anti-retroviral therapy). In addition, free primary school education is provided for citizens and care and support services for OVC. These measures are elaborated in the part of the report dealing with health.

D. Respect for the views of the child (art. 12)

78. Administrative and judicial processes involving cases of children are required to consider the opinion of the child in question. For instance the Ethiopian Family Law requires a court before which an application of adoption is submitted to consider the opinion of the child in question (Revised Family Code article 804, Proclamation 2000, article 194).

79. The Constitution of the FDRE states that everyone has the right to freedom of expression and currently there are several new initiatives to promote the participation of children and to have their views heard. One of the initiatives is the establishment of children's parliaments where children are elected from schools and form a city level parliament to exercise democratic processes for a limited term. Currently, there are close to 80 children's parliaments in major cities of the country, each consisting of about 100 child members of parliament. The representatives of these parliaments often attend meetings in the regional parliaments, and regional and city council meetings and express their views and concerns.

80. The child right clubs organized in schools also provide opportunities for children to come together to express their views and promote their interests.

81. Children are also provided with an opportunity to express their views in children's and young people's radio and TV broadcasts and public associations, Community Care Coalitions (CCC) and orphan children clubs. Furthermore, various events and forums solicit the participation of children in affairs that affect them such as in the discussion of the draft comprehensive child policy with the participation of children.

82. Events and celebrations such as the Day of the African Child and Universal Child Day were among the opportunities where large number of children expressed their views. All these efforts are gradually changing the deeply entrenched societal perceptions and practices that give no space to opinions and views of children.

83. Government agencies and NGOs are trying to encourage expressions of children through innovative ways such as art and literature contests.

V. Civil rights and freedoms (arts. 7, 8, 13-17 and 37 (a))

A. Name and nationality

84. In accordance with the Nationality Law of Ethiopia (Proclamation No. 378/2003), persons born of either one or both of Ethiopian parents will acquire Ethiopian nationality. The law makes no distinction between children born in or outside wedlock. Furthermore, in line with the CRC and other international instruments, the law accords Ethiopian nationality to abandoned children found in the territory unless it is proved that such children have foreign nationalities.

B. Registration of birth

85. Ethiopia is exerting all efforts to put a birth registration system in place. The draft legislation on vital registration which was previously tabled before the house of people's representatives has been referred back to MOJ.

86. Meanwhile, the federal and regional bureaus of Women, Children and Youth in collaboration with UNICEF have implemented a pilot project where registration of children in 10 rural and 8 urban selected *Kebeles* of Addis Ababa, Dire Dawa, Amhara and Tigray. The pilot registration project was carried out from April 2009 to December 2010 and resulted in a total of 28,541 children being registered. The challenges and lessons generated from the piloting phase are documented and analysed to inform the designing of birth registration law and system in the country.

C. Freedom of association and peaceful assembly (art. 15)

87. The Constitution (articles 30 and 31) stipulates that everyone has the right to freedom of association and hold peaceful demonstrations for any cause and purpose. The Cooperative Society's Proclamation No. 147/1998, article 13 (1) states that any individual may become a member of cooperative societies when s/he attains the age of 14 years. As it has been discussed in relation to respect for the views of the child, child clubs, child parliaments and other event based child mobilizations have increasingly shown that children's status as holders of rights is improving.

88. The youth centers that have been expanding in recent years are providing space for adolescents and young people to get together and exchange ideas and promote their concerns. Currently, there are over 450 youth centers in the country that provide life skills training, recreational, information and reproductive health and other services. The youth have expressed that these structures represent promising opportunities for them to participate in government processes, policy making initiatives and also to access numerous services and serve as entry points for more tangible community actions in their communities.

D. Protection of privacy (art. 16)

89. Paragraphs 1 and 2 of article 26 of the Constitution stipulate that everyone has the right to privacy. Therefore the privacy of a child who is undergoing court proceedings is protected. Additionally, professionals who work with children are expected to safeguard the privacy of their clients as part of ethical practices and codes of conduct.

90. Draft guidelines for investigating and prosecuting crimes committed against children and women and for providing psychological counselling were developed by MOJ. Subsequently, trainings were given to prosecutors, judges, police members, medical personnel and social workers on how to investigate and handle children and women victims. The training included the required skills and manners to confidentially keep personal and other information obtained during assessments and also adopt approaches that reflect concerns for dignity and integrity of children.

91. For instance, the specialists must establish rapport with children and ensure that they are relaxed before conducting any types of assessments. Children's history must be kept in a confidential manner and shared only with professionals involved in the support of the children.

E. Access to appropriate information (art. 17)

92. The Constitution of Ethiopia and Proclamation No. 590/20008 of the freedom of mass media and access to information is applicable to all members of the society including children. Currently, there is 1 national, and there are 3 regional free TV channels, and

5 short and medium wave and 36 FM radio broadcast channels. FM 97.1 has a 24-hour FM radio service operating in Addis Ababa and surrounding areas.

93. The MOWCYA works closely with The Ethiopian Radio and TV Agency (ERTA) and Radio Fana Broadcasting Corporation to broadcast a specified number of hours of public service broadcast programs for children each year. Almost all media stations have children's programs targeting children and youth which are among the genres of programming of interest in the 3 local languages.

94. Radio broadcasters are trained and advised to be mindful of the likely effects of inappropriate films which are allowed for public screening.

95. The Government actively encourages the use of internet in offices, schools, homes and mobile internet services. Children have wide and easy access to internet services in youth centers and internet cafés. According to the 2009-2010 annual statistical abstract of the MOE, 37.3% (10,050) of primary and (86.42%) 1,171secondary schools have library facilities. Databases, large print electronic books and other popular books are available in public libraries and children enjoy the free and equal access to use the library services.

96. In addition to the periodically published government magazines and newspapers, there are 51 magazines and 48 newspapers which are periodically published and disseminated all over the country.

F. Protection from torture or degrading treatment or punishment (art. 37 (a))

1. Corporal punishment

97. Corporal punishment of children in institutions of care is explicitly prohibited in Ethiopia. The Federal Constitution article 36 (1) (e) provides for the rights of children to be free from corporal punishment or cruel and inhuman treatment in schools and other institutions. Furthermore, in 1998, the MOE issued a circular which listed acceptable disciplinary methods that could be employed by teachers to discipline their students, which does not include corporal punishment (MOE 1998).

98. The Government is exerting all efforts to eliminate corporal punishment in family settings. The Revised Family Code of 2000 has removed the authority of guardians to carry out light bodily punishment on children. Similarly, the Revised Criminal Code condones a form of disciplining that does not contravene with the law and that is aimed at ensuring the proper upbringing of children (Revised Criminal Code, 2005, article 576). This is a positive improvement from the exclusion of "reasonable chastisement" from the ambit of the criminal law in the previous Penal Code of 1957.

99. Corporal punishment is very often used not only because of lack of awareness about violations of the rights and integrities of children, but also due to lack of awareness of alternative child disciplining mechanisms. Hence, in 2009, the MOWCYA in cooperation with its partners published and distributed over 6,000 copies of the Manual on Positive Child Disciplining (2009) and a Standard Service Delivery Guidelines which promote various types of behaviour modifying techniques. The Positive Child Disciplining Manual is translated into three local languages to make it accessible to a wide range of communities. On the basis of these materials, the Federal and Regional Bureaus of Women, Children and Youth Affairs and NGOs gave several trainings to individuals involved in the care of children, experts working with women's issues, staff of children and youth bureaus, school principals and teachers, family guidance and counselling officers, police officials and social workers. Other stakeholders also use the manual to promote the issue to the larger public.

100. The federal and regional education institutions and justice bodies are working towards the abolishment of corporal punishment both in homes and schools. The courts are also enforcing the law by avoiding corporal punishments as part of their sentences.

2. Torture and degrading treatment

101. Ethiopia has ratified the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. In conformity with the Convention, article 18 of the Constitution stipulates that "everyone has the right to protection against cruel, inhuman, or degrading treatment or punishment". The Constitution also states that "no one shall be held in slavery or servitude" and that "trafficking in human beings for whatever purpose is prohibited". It also makes the act of requiring someone to perform forced or compulsory labor unconstitutional.

102. The Ethiopian police university colleges and training institutions incorporated child rights training in their curriculum, developed a child right training manual and provided a series of lectures on provisions of the CRC. Child Protection Units (CPU) are established within the police stations throughout the country to handle cases involving children.

103. MOJ collaborated with the Government of Norway to provide human rights training to more than 4,495 judges, prosecutors, police officers and other law enforcement officials of the federal and regional governments. The training provided information on national and international human right standards and responsibilities of prosecutors, judges and police officers in accordance with the provisions in the Ethiopian Constitution and international human rights standards. The training lasted over a period of five years from June 2003 to December 2008.

104. Special prosecution and investigation teams are formulated in the MOJ and they work closely with the police from investigation to prosecution stages. They also carry out visits to monitor the well-being of children kept in detention and give directives on measures to be taken on the conditions of children.

VI. Family environment and alternative care

105. This section provides key updates on initiatives taken to support the ideal functioning of the family unit and provision of alternative care. This cluster addresses the questions of parental responsibilities, family unity, child maintenance and support, adoption, illegal transfer, abuse and placements under articles 5, 9-11, 18 (paras. 1 and 2), 19-21, 25, 27 (para. 4) and 39).

106. The Government continues to consider that the development of children is best addressed in supportive family environments. To this end, single headed and destitute families and families who are at risk of becoming destitute are supported.

A. Family environment and parental guidance (art. 5)

107. The Constitution of FDRE and the subordinate laws generally comply with the provisions of the Convention in holding parents accountable for the upbringing of children. The Government thus recognizes the importance of the family as the primary and natural environment for the growth and well-being of children. Based on this fact, efforts aimed at upgrading the capacities of parents and strengthening the family environment have been made by all stakeholders at federal and regional level.

108. MOWCYA/BOWCYA in collaboration with concerned Government offices and NGOs organized a series of awareness raising seminars and community dialog sessions for families. The sessions focused on children's rights, parenting skills, HTPs, prevention and causes of children's problems and mechanisms on how to deal with them, and family relations.

109. With regard to the implementation of the ESDP and Health Sector Development Plan (HSDP), others awareness creation programs were launched to sensitize parents on the need to send their children to school and utilize family health services that contains five packages including MCH, FP and adolescent reproductive health services.

110. In addition to these sensitization programs, during the past five years, awareness raising activities were continued for parents at federal and regional level with colourful celebrations of national and international events such as Parents Day, Mothers Day and Breast Feeding Day. With these multi-sectoral efforts and increased awareness and participation of parents in various programs recorded great achievements such as increment of enrolment rate and improvement of health status of children and decreased rate harmful traditional practices.

111. With the increased awareness and participation of parents in different programs, remarkable achievements are gained in school enrolment rate; health status of children and decrease in the rate of HTPs.

B. Parental common responsibilities (art. 18)

112. Ethiopia continues to adopt the approach that parents have shared responsibility towards the upbringing of their children. The Government recognizes that some families provide a healthy environment for their children while others require assistance to create conducive environment.

113. Accordingly, actions have been taken to support vulnerable families (large families, single-parent families, child headed households and those with disabled children), in order to enable them give care for their children. In the aforementioned cases, programs on assistance to poor families have been designed and are being implemented.

114. In the PASDEP, household food security is intended to be achieved through voluntary resettlement, building household assets, establishing productive safety net programs and the introduction of non-farm activities. Agricultural extension activities have also been designed to take into account the problems of families suffering from poverty.

115. Through the food security program, 8.29 million "chronically" food insecure people are expected to achieve food security over 5 years (2005/06-2009/10), while 6.71 million people who face "transitory" food insecurity are expected to achieve significantly improved food security. This is a shift from the cycle of dependency on emergency relief that has been under implementation since 2003 (MOFED-PASDEP 2006).

116. Out of 205,130 households who were voluntarily re-settled during 2003/04-2009/10 91.1% (186,914) of the households have now become food self-sufficient (MOFED 2010).

117. The household asset building package has been introduced to remedy the problem of asset depletion, which is one of the main causes of food insecurity. The packages include distribution of small animals (sheep and goats and chicken), dairy production, animal fattening, purchase of oxen and plough, small scale irrigation, honey production and cultivation of coffee seedlings. In this respect, 186,914 households received the packages which were delivered through credit facilities arranged for this purpose.

118. Rural poor households benefited from Productive Safety Net Program (PSNP); a form of social security program which is part of the broad national Food Security Program (FSP). The Program was started in 2005 with 4.8 million chronically food insecure beneficiaries in Amhara, Oromia, Tigray, SNNPR, Harari regions and Dire Dawa administrative council, covering a total of 192 Woredas and administrative councils.

119. The PSNP has two major purposes which are bridging the income gap for chronically food insecure households and engaging such households in public work programs to build community assets and earn income. The PSNP is one of the most successful and commendable types of social protection in Ethiopia and is currently being implemented in about 300 Woredas, with the number of beneficiaries increasing from 4.5 million in 2005 to about 8 million in 2010. Similarly, the expansion of microfinance services that provide credits is one of the policy instruments utilized by the government to enable urban and rural poor families to increase productivity, improve input supply and increase income.

120. The Federal Micro and Small Enterprises Development Agency and its counterparts in the regions provide technical and vocational training for women organized in Micro and Small Enterprises (MSE). The women are also provided with credit schemes, advice on business administration and facilitated access to markets for their produce. During the past five years heads of households were organized into cooperatives and trade associations to get access to credit facilities.

121. A program which includes provision of food and shelter, Income Generation Activities (IGA), training and initial capital for IGA was developed and implemented to support families affected by HIV/AIDS. In 2009/10, around 104,399 PLHIV were provided with food/shelter, 47,370 with IGA training, and 54,942 with initial capital as IGA support. However, although the principal recipients of regular material support in various forms are poor families, the limited availability of financial resources means that, for the time being, the needs of all families with children requiring support cannot be met.

122. The GTP for the five-year period 2010/11-2014/15 is directed towards achieving Ethiopia's long term vision and sustaining economic growth based on the experiences that have been drawn from implementing development policies and strategies and undertaking policy measures to overcome the challenges that surfaced in the course of implementation. Thus, the government's attempt to eradicate poverty and expand employment will be pursued through sustaining rapid and broad based economic growth in a more coordinated and structured manner.

C. Separation from parents (art. 9)

123. Article 245 of the Family Code states that "the guardian of a minor may be removed by the court where the minor does not receive the care which his condition requires, a morally sound education or an instruction which accords with his disposition." The Criminal Code of article 659 also describes "a parent or other person exercising the authority of a guardian or tutor, who, for gain or in dereliction of his duty; grossly neglects the children under his charge and abandons them without due care and attention or to moral or physical danger; is punishable with simple imprisonment or fine. In grave cases, the court may in addition deprive the criminal of his family rights."

124. Based on the available legal instruments, various measures have been taken to prevent family life disruptions. They were aimed at social rehabilitation of the family, minimizing the effects of family disruption, and retaining the child in their biological family. In addition to the work of establishments in providing social services to families and children, in cases where parents or minors' legal representatives are not fulfilling their

obligations regarding their upbringing, education and/or maintenance, and/or are having a negative impact on their behaviour or treating them cruelly, the task of carrying out preventive work is assigned to all bodies and institutions of the system for prevention of neglect and abuse. Thus, in some cases, children were removed from their parents/care givers and assigned to other care and support programs.

D. Family reunification (art. 10)

125. In the management of child protection and welfare, emphasis is also placed on reintegration of the child back into the family when it is safe to do so.

126. The Ethiopian legislation is fully compatible with the provisions of the Convention when it comes to family reunification and the right of a child to enter or leave a State Party for that purpose. The ARRA, which is one of the agencies in charge of family reunification matters claims by the child or parent, facilitates the reunification process. During the past five years, many children were reunified with their parents within and out of the country although disaggregated data is not available.

127. Moreover, the Ethiopian government in collaboration with UN organizations such as UNICEF and other NGOs and civil societies took actions to reunite those children separated from their families internally due to several reasons.

E. Recovery of maintenance for the child (art. 27, para. 4)

128. Recovery of maintenance for a child is dealt within the Family Code. A child has the right to be maintained by his parents and parents are responsible for the upkeep of their minor children. If parents do not provide resources for the upkeep of a child, recovery of maintenance payments are obligatory. Persistent refusal to pay maintenance is considered as offence. The courts decide on the amount of monthly allowance for children based on the income of parents.

F. Children deprived of a family environment (art. 20)

129. In the existing Ethiopian legislations, additional guarantees for the social protection of orphans and children left without parental care as well as the rights of children deprived of a family environment and the responsibilities of institutions and organizations to protect those rights are set out in the Civil Code, the Family Code.

130. One of the mandates of the MOWCYA is to facilitate care and support programs for children without parental care. Various services are provided by governmental and non-governmental organizations involved in child care and aiming to advance the welfare of vulnerable children in the country. The Ministry adopted the revised Alternative Child Care Guidelines in order to establish a regulatory instrument on the quality of the child care system. Community based child care systems are the preferred way of alternative child care programs, because the potentials of grass-root community structures and organizations provide emotional, social and physiological needs of children and effectively protect them from abuse and exploitation in a sustainable manner.

131. Due to this, in the last five years about 8,735,467 children have been provided with care and support through community based child care programs, which are increasingly used throughout the nation.

132. In the absence of extended family members, foster care and domestic adoptions are preferred for children deprived of family environment as they enable positive development of the child. Inter- country adoption and institutional care services are taken as last resorts. Institutional care service is used as short term alternative care strategy only when all other types of childcare options have been exhausted. Currently, throughout the country, there are about 149 childcare institutions which provide care for 11,920 children who are without parental care.

133. The MOWCYA and regional bureaus, in collaboration with NGOs have conducted training on child safety in organizations, with the aim of assisting social service agencies to establish a safe environment for children and young persons, under their care including those with disabilities. The training also covered policy and operational levels of prevention of abuse in children's organizations and programs.

134. Each regional bureau of Women, Children and Youth Affairs and City Administration in Ethiopia is mandated to follow up, monitor and evaluate partner organizations and performance of child care institutions. Major follow up and monitoring mechanisms include periodic reports, field visits and consultative meetings. The outcomes from the monitoring and evaluation have resulted in corrective measures being taken on some child care institutions. MOWCYA organizes annual meetings in order to strengthen the monitoring and evaluation program in each region and city administration as well as to share achievements and good practices. Different guidelines were developed by the MOWCYA in an effort to regulate orphanages. These include alternative child care guidelines, standard service delivery guidelines for orphans and vulnerable children's care and support and institutional care service standard.

G. Periodic review of placement (art. 25)

135. Article 25 of the Convention emphasizes the importance of periodic review of all conditions relating to placement of children for purposes of care, protection or psychological treatment. Based on this reality, GOE has been trying to deliver periodic reports about children placed in different alternative child care settings. Currently, in collaboration between government agencies, NGOs and CSO, a multi sectored effort is being made to establish a strengthened system of monitoring and evaluation.

H. Domestic and intercountry adoptions (art. 21)

136. According to the Family Code of the federal and regional states, an agreement of adoption is only effective when the court is convinced that the adoption is in the best interest of the child and also approved.

137. The government encourages in-country adoption with the aim of creating an advantageous environment for the upbringing of the child in his/her social context. Several measures have been undertaken by the government to ensure compliance with the principles and provisions of the CRC and to make sure that adoption procedures are conducted in the best interests of children. Children eligible for inter-country adoption programs are those who have lost both of their parents, are without extended families and unable to be assigned to other forms of alternative care programs. The adoption process proceeds through a series of steps beginning from identification of the child and adoptive parents to the placement of the child in the adoptive family and beyond. Domestic adoption in Ethiopia is on the increase. In Oromya Regional State for example, the largest region in Ethiopia, 730 children were adopted locally in 2011. Adoption is also on the increase in all other regions. This increase in domestic adoption indicates that the Government is

promoting and supporting domestic adoption as an option to address the orphan situation in the country.

138. There is also continuous follow up on the general situations of adopted children. There are legally registered and licensed adoption agencies which provide inter-country adoption services and are responsible for preparing and submitting written post placement reports to MOWCYA. The reports are expected to contain the conditions in which children are brought up in the adoptive families and are submitted quarterly during the first year and annually starting one year after the adoption. In the last five years, 20,663 children (10,848 male and 9,815 female) have been adopted by parents of foreign nationality.

I. Illicit transfer and non-return (art. 11)

139. The illicit transfer and non-return of children is a criminal offence as stated in the current Ethiopian legislation. The Ethiopian Criminal Code prescribes punishment for the abduction and illicit transfer of children. Cases of internal and out of country illicit transfers of children without the consent of their parents have been reported and several efforts have been made to prevent this. A Child Trafficking Unit is established at the central bus station through which many of the trafficked children enter Addis Ababa. Trafficked children identified by the aforementioned Unit are referred to various services provided by the government and NGOs. Nevertheless, illicit transfer still exists and the GOE is working to tackle the problem.

J. Abuse and neglect (art. 19) and physical and psychological recovery and social reintegration (art. 39)

140. The GOE and the community believe that no one deserves to suffer from abuse. The National Coordinating Body for Multi-Sectored and Integrated Response to Violence Against Women and Children was launched in 2008 and focuses on the management of child abuse. Furthermore, the police commissions of regional states have taken steps to promote the protection of children through the formation of a coordination office for child protection in the Commission. The Commission has also been engaged in preventive, investigative and follow up activities by training notable persons including elders and religious leaders on the rights of children.

141. MOE's Educational Leadership, Organization, Community Participation and Finance Guideline states that discipline in an educational establishment should be maintained on the basis of respect for the dignity of the students. Such measures have contributed to breaking the wall of silence and have led to an increase in the number of reported cases.

142. The 2006-2010 National Action Plan on Sexual Abuse and Exploitation of Children aims to reduce and minimize sexual abuse and exploitation of children and is based on four areas of interventions (1) prevention of sexual abuse and exploitation of children, (2) protection of victims, (3) rehabilitation and reintegration of child victims, and 4) coordination and monitoring of interventions.

143. A pilot project on sexual abuse was designed and implemented in Addis Ababa within Ghandi and Yekatit 12 Hospitals. In the pilot project, services of reintegration mainly included:

- Medical treatment and baseline laboratory investigations;

- Social and psychological treatment; and
- Follow up visits.

144. Over the last five years, hospitals, medical centers, schools, family members, friends and relatives were main sources of referral for child abuse cases.

145. In Ethiopia one of the underlying causes of violence against children is the lack of knowledge about child development and the traditional attitudes people have towards children. Therefore preventive measures focusing on positive child development and child discipline, parental skills and awareness of the negative consequences of neglect and violence against children have been implemented through widespread public education programs.

146. The Government is trying to raise the awareness of the public about the consequences of neglect through radio and TV programs and brochures and increased attention is being given towards encouraging dialogue within the family and eliminating violence as a means of correctional measures of children's behaviour. The media plays a significant role in breaking the wall of silence which normally surrounds cases of violence in families, schools and institutions. The number of TV and radio programs transmitted in different local languages on issues related to family relations, child abuse and its consequences are increasing from time to time.

147. MOWCYA in collaboration with government agencies and NGOs continues to educate the public especially those working with children: teachers, health professionals, police and persons who are likely to detect signs of abuse.

148. Ethiopia's public education efforts also include educating children, parents and the public on the rights of children. The CRC clubs in schools team up with school administrators to run programs during school assemblies which encourage students to report abuse and neglect with someone they trust. Child-friendly IEC materials are also delivered to schools in the form of posters, booklets and postcards.

149. MOE's school improvement programs encourage teachers to educate students on the topic of sexual abuse and neglect and discuss ways of protection and reporting where necessary. Ethiopia has paid special attention to HTPs such as FGM and early marriage by placing the issue high on the national agenda and in the agenda of school clubs.

VII. Basic health and well-being (arts. 23, 24, 26 and 27)

150. Investment in children's health is potentially a powerful mechanism for building human capital and generating sustainable growth. Progress has been made in Ethiopia in terms of availing children with accessible and affordable services. This section describes key updates in the provision of health and welfare services for Ethiopian children and covers progresses attained with regard to the provisions in articles 6 (3), 23, 24, 26 and 27 (1-3).

A. Children with disability (art. 23)

151. According to demographic survey results of the national housing and population census of 2007, a baseline survey in 1995 and the national census of 1984, the prevalence of disability in the country ranges from 1.2% to 5.48%. According to the CSA, 2007, out of a total population of 73,750,932, there were 864,218 (1.17%) persons with disabilities of which 464,202 were male and 400,016 were female. Children accounted for 232,585 (126,195 male and 106,390 female).

152. In 2010, Ethiopia ratified the UN Convention on the Rights of Persons with Disability. The Constitution of the FDRE also prescribes that the state shall, within the available means, allocate resources to provide rehabilitation assistance to persons with physical and mental disabilities. MOLSA, the Ministry preceding the present MOWCYA, adopted a national program of action for rehabilitation of persons with disabilities in 2006/07. The main objective of the program was to promote the full participation and equal opportunity for persons with disabilities in all spheres of life. The national program of action focuses on prevention of disability, medical, educational and vocational rehabilitation, and increased accessibility and awareness.

153. In accordance with international and national legal instruments, the major policies and programs that favor persons with disabilities in the country include the following.

- MOE has already started to introduce "inclusive educational arrangements" in terms of location, social and functions at all levels to meet the needs of children with disabilities. The Addis Ababa University commenced BA, MA, and PhD degree programs in Special Needs Education which includes sign language courses for the hearing impaired and the Braille for the visually impaired by incorporating HIV/AIDS teachings into Braille scripts.
- The Disability Labor Proclamation enacted in 2008 provides the right to participate in any suitable job without discrimination. The Government is developing implementation guidelines in order to implement this proclamation.
- The Building and Construction Code on Barrier-Free Accessibility was adopted in 2008 in order to promote the development of barrier-free buildings and integrate persons with disabilities into community life. Each review and enhancement of the Code is made in consultation with people with disabilities and other stakeholders.
- A national strategy has been developed in order to expand disability rehabilitation programs.
- According to the guidelines of the Ethiopian Revenues and Customs Authority disability supporting materials such as wheelchairs are imported free of duty.
- CSOs and the media assume a collective role in altering views towards disability through the emphasis on the juridical and development aspects of disability. Such efforts are beginning to yield the desired results as can be seen in the approach of the media to creating awareness on disability.
- Services intended for children with disabilities are provided by several organizations which include foster care, institution, adoption and other community based child care programs.
- There is a general consensus that a community-based rehabilitation strategy represents the ideal approach to reduce the gap between the needs of persons with disabilities, and the available services and resources. Several governmental and non-governmental entities have contributed to the planning and execution of such programs and projects.
- Children with disabilities are also participating in different sport activities such as Para-Olympics.
- There are also good initiatives by the national TV program services to address disability issues especially of children/people with hearing problems.

154. Despite the above efforts, the challenge still remains that children with disabilities do not enjoy equal access to services due to factors such as limited resources, lack of awareness and negative perception among families and the society.

B. Health and health services (art. 24)

1. Health services

155. FDRE's Constitution preserves the right of every child to the highest attainable standard of physical and mental health development. Enjoyment of this right is vital not only to all aspects of life and well-being, but also to the protection of other human rights and freedoms. The HSDP, the National Nutrition Strategy, and the National Child Survival and Reproductive Health strategies are all based on the Constitutional obligations of the state to protect and promote the health and nutrition of children and women, particularly because they are often more vulnerable than others to negative health impacts. The Constitution also stipulates that these rights should be interpreted in a manner that conforms with the principles of the Universal Declaration of Human Rights, International Covenants on Human Rights, CRC, CEDAW and other international instruments ratified by Ethiopia.

2. National policies and strategies

156. The National Health Policy is an overarching policy document that gives emphasis to the fulfilment of the needs of the less privileged rural population which constitutes about 83% of the total population of Ethiopia. The policy outlines democratization and decentralization of the health system, development of the preventive and promotional components of the health service, ensuring access to healthcare for the whole population, promoting inter-sectoral collaboration, involvement of NGOs, UN agencies and the private sector and promoting and enhancing national self-reliance in health development by mobilizing and efficiently utilizing available resources.

157. The Government initiated a twenty-year health development implementation strategy known as the health sector development program (HSDP) in 1998. The health service system is reformed to make it efficient and cost effective. The HSDP is aligned with the wider development strategy of the country and the MDG.

158. Currently the country is implementing HSDP IV (2010/11-2014/15) which proposes long term goals for the health sector, in making targeted interventions against poverty related diseases, particularly the improvement of maternal and new born health, reducing child mortality, and combating HIV/AIDs, malaria and TB.

159. Strengthening and improving the health system and quality of care are priorities as well. Therefore in recognition of the challenges faced, the Health Extension Program (HEP) which is a community based health care delivery system will be further strengthened. HEP is an innovative strategy which delivers preventive and promotional services and selected high impact curative intervention at community level. The health extension program has trained over 34,000 health extension workers throughout the country.

160. According to MOH's health and health related indicator (2010) primary health care coverage has reached 89% with 122 public hospitals, 2,660 health centers, 15,095 health posts and more than 4,000 privately owned for profit/non-profit clinics. The health system is three tiered, involving a primary health care unit (PHCU) comprising of 5 satellite health posts, a health centre and a primary hospital serving 5,000, 2,500 and 100,000 people respectively and a general hospital with a population coverage of 1 million people in addition to a specialized hospital which is expected to serve 5 million people.

3. Health sector expenditure

161. The fourth round of National Health Accounts (NHA) revealed that there is a tremendous increment in total health expenditure both in nominal and real terms. The nominal total health sector spending increased from Birr 4.5 billion (US$ 522 million) in 2004/05 to over Birr 11.1 billion (US$ 1.2 billion) in 2007/08. The per capita spending on

health has more than doubled from US$ 7.14 per capita per annum in 2004/05 to US$ 16.19 in 2007/08, which is well above the revised HSDP-III per capita spending target of US$ 12. This represents about 4.5% of the GDP. The globally recommended amount required for basic health is US$ 34 in nominal terms. The Government's contribution grew by 71% in 2007/08 compared to 2004/05. The bulk of the increment came mainly from households and the rest of the world (donors and international NGOs) whose contributions grew by 176% and 143% respectively.

162. Resource allocation and spending at all levels of the health system has become increasingly pro-poor. The fee waiver system has been revised, so that destitute households are pre-identified to receive free health services with a certificate that is valid for three years. Persons experiencing medical emergencies with no one to cover their expenses are exempted from payment as well. Seventy per cent of health facilities have formally introduced waiving of fees for needy women, while 13% have implemented an informal system leaving 19% of facilities without a fee waiver system. However, among those who are exempted from health services, there are almost equal numbers of people from social economic quintile one and five. This indicates that paying fee is important but not the only barrier to healthcare.

4. Health insurance

163. GOE is currently undertaking a number of activities to introduce health insurance schemes with the overall objective of achieving universal access to health care. To this effect, FMOH passed a health insurance proclamation and developed a strategy in 2010. According to the strategy, two types of health insurance i.e. social and community based health insurance schemes will be implemented to cover the population. Social health insurance will cover employees in the formal sector which is mainly payroll-based while community based health insurance covers the rural population and the informal sector in urban areas. Parallel to the work on social health insurance, various activities are being undertaken including the establishment of the Federal Health Insurance Agency (FHIA) and Pilot Community-based Health Insurance (CBHI).

5. Pastoralist health services

164. Following the re-design and implementation of the civil service reform program (CSRP) and the BPR, one of the major organizational transformations in the FMOH was the establishment of Pastoralist Health Promotion and the Disease Prevention Directorate.

165. The pastoralist population, which constitutes about 10% of the total population of the country, lacks the appropriate health service delivery package that addresses the health care needs of communities in the pastoralist regions. This has prompted the establishment of two core objectives under HSDP-II regarding the pastoralist health services and systems these are (1) establishing appropriate health service delivery for the pastoralist population, and (2) increasing coverage and utilization of health services in the pastoralist populations. In line with this concept papers on "Health Service Delivery to Pastoralists" and 16 Health Extension Packages which are tailored to pastoralists needs were developed and translated into local languages.

166. As part of the Government's efforts to provide technical assistance to the emerging regions, a board composed of representatives from six ministries was established under the MOFA. A recent evaluation of the pastoralist HEP program conducted by an independent firm for FMOH revealed several key areas for improvement starting with selection and training of pastoralist Health Extension Workers (PHEWs)followed by deployment, supervision for quality of care. Gambella region is in the process of replacing male PHEWs by a cadre of newly trained female PHEWs.

6. Maternal and child health services

167. Ethiopia has taken several measures to improve maternal and child health services.

Maternal health services

168. GOE is strongly committed to achieve the MDG target of reducing the maternal mortality ratio (MMR) to 267 per 100,000 live births by 2015. Major strategies designed to meet this target are: HEP, accelerated expansion of HCs, increase use of modern contraceptives, accelerated training of 6,000 midwives, training of health officers in emergency surgery and caesarean sections, provision of Basic Emergency Obstetric Care (BEOC) and Comprehensive Emergency Obstetric Care (CEOC) in health facilities, and provision of safe blood and adequate pharmaceuticals.

169. The Government legalized medical abortion which is a major step towards reducing maternal mortality and disability. The Reproductive Health Strategy has set targets to improve maternal health and reduce mortality. One such target is ensuring increased access to a core package of maternal and neonatal health services including focused antenatal, essential obstetric and neonatal care especially in rural areas where health facilities are limited.

170. The Public Health Proclamation imposes the responsibility on all public and private health institutions to provide emergency health services without requesting advance payments. Moreover, the proclamation enumerates services which are exempted from fee which include FP, prenatal, delivery and post natal services in primary health care units and immunization services for children to prevent nine childhood illnesses and for mothers during pregnancy.

171. Owing to the above strategies, there has been a decline in MMR from 871/100,000 in 2000 EDHS to 673/100,000 in 2005 and 470/100,000 in 2010/11 (2002 health indicator). In the growth and transformation plan, the aim is to further decrease MMR from 430/100,000 in 2011/12 and live births to 267/100,000 in 2015.

172. Although encouraging developments are attained in some maternal health indicators, lack of resources and deep-rooted cultural practices have delayed the full achievement of the goals.

173. Antenatal care coverage increased from 67.7% in 2008/09 to 71.4% in 2009/10, while clean and safe delivery service coverage by HEWs increased from 12.3% in 2008/09 to 17% in 2009/10. Contraceptive acceptance rate rose from 56.2% in 2008/09 to 61.9% in 2009/10, while postnatal care coverage increased from 34.3% to 36.2% in the same period. The proportion of all births attended by skilled birth attendants increased from 5.7% in 2005 to 10% in 2011. Despite efforts by the government, a significant proportion of births still take place at home exposing mothers and newborns to different risks.

Child health services

174. GOE has been exerting all efforts to improve child survival and development through revitalizing health services throughout the country. These include; antenatal consultations, delivery care, postnatal and neonatal care, preventive health for children, safe drinking water, sanitation and hygiene, HIV prevention, provision of antiretroviral paediatric treatment and stopping the vertical transmission of HIV from mother to child.

175. Ethiopia is likely to succeed in achieving the goals set by MDG4 since infant mortality rate has declined from 97/1,000 in 2001/02 to 77/1,000 in 2004/05 and to 59/1,000 in 2010/11. Under-5 mortality rate was reduced from 144/1,000 in 2001/02 to 123/1,000 in 2004/05 and 88/1,000 live births in 2010/11.

176. There is almost no decrease in the rate of newborn mortality -39/1,000 in 2005 Vs 37/1,000 in 2011. Considering the achievement is below target, attention was given in HSDP IV and GTP targeting the reduction of under-5 mortality rate from 88 to 68 per 1,000 live births and infant (under one year) mortality rate from 59 to 31 per 1,000 live births by 2015.

7. Immunization

177. The extended program of immunization (EPI) program, one of the oldest and most cost effective programs, has continued to make a steady progress. The program is decentralized to grassroots Kebele level and is integrated with HEP. According to DHS 2011 pentavalent immunization coverage was reached 64%, measles immunization coverage 56%, BCG coverage 66% and polio vaccine coverage 82%.

178. However, the most ambitious annual targets set for 2009/10 in the Woreda plan were not met. Enhanced Routine Immunization Activities (ERIA) was implemented in the second half of 2009/10 with special focus on areas lagging behind in the EPI coverage. These activities included: (1) regional/zonal level orientation, (2) house-to-house registration of target group, (3) implementation of immunization, and 94) supervision.

179. Overall, 15% of children in Ethiopia have not received any vaccinations. This represents an improvement from 2005 when 24% of children were reported to have not received any vaccinations. While increase in immunization is a remarkable achievement, there is a strong need to further accelerate the service if the MDG target to reduce child mortality rate by two-thirds is to be attained by 2015.

Vaccination coverage

Coverage	*2005/06*	*2006/07*	*2007/08*	*2008/09*	*2009/10*	*Target by 2015*
Penta3 immunization	76.8	76.8	85.4	81.6	86.0	96.0
Measles immunization	66.7	68.4	75.9	76.6	82.4	90.0
Full immunization	54.6	56.8	66.4	65.5	72.3	-

Source: Health and health related indicator 2009/10 and GTP.

8. Nutrition and breastfeeding

Nutrition

180. In addition to the efforts by the agricultural and rural development sector, which plays a role in availing adequate nutrition to the population, the health sector also initiated the National Nutrition Strategy (NNS) in 2008 with the objective of ensuring that all Ethiopians secure adequate nutritional status in a sustainable manner, which is an essential requirement for a healthy and productive life. Nutrition has also been made part of packages of the HEP. In the same year the National Nutrition Program (NNP 2008-2013), which is Ethiopia's first national comprehensive five year nutrition program was endorsed. The NNP comprises of both emergency and long-term, sustainable interventions to reduce malnutrition.

181. To achieve the HSDP and NNP target of nutritional screening for 90% of children between 6-59 months, nutritional screening is conducted every three months at HP level aiming to screen more than 95% of the target children. With respect to the plan of increasing the proportion of infants (0-5 months), who are exclusively breast fed, from 38% to 63%, a study done in four regions Amhara, Oromiya, SNNPR and Tigray in 2008/09 showed that the prevalence of exclusive breast feeding has reached 76%.

182. In addition to the efforts by agricultural and rural development sector which makes adequate nutrition available to the population, the health sector initiated enhancement of good nutritional practice through (1) health education and treatment of severely malnourished children, and (2) prevention of nutritional health problems through provision of micronutrients to vulnerable groups of the population (mothers and children). Nutrition has also been made part of packages of the HEP.

183. The Government is working to achieve Universal Salt Iodization and endorsed the Salt Legislation in April 2011 in order to prevent and control iodine deficiency disorder among the vulnerable population. Despite the recent endorsement of the law, only around 10% of the Ethiopian salt is iodised whereas the plan in HSDP III was to achieve 100% iodisation. UNICEF, in partnership with GAIN and in collaboration with MI, is accelerating its support to the program and to contribute to the ambitious target set by FMOH to achieve 100% iodised salt by the end of 2012.

184. The NNP has integrated the management of un-complicated cases of Severe Acute Malnutrition (SAM) into Integrated Community Case Management through the HEP. A robust effort was made to train HEW in the treatment of severe acute malnutrition throughout the country such that the national capacity to treat severely malnourished children, which stood almost nil in 2003, has today reached over 9,200 sites throughout the country. Today, more than 96% of health posts in food insecure Woredas are providing these life-saving services at village level, enabling the treatment of children without the children having to leave their homes and communities. Under the leadership of DRMFSS and with the support of ENCU, partners including government sector offices, UN, NGOs and CSOs meet regularly to ensure that the most vulnerable children and their families are identified and actions are taken to mitigate the effects of emergencies.

185. The Community-Based Nutrition (CBN) Program is a key intervention to prevent malnutrition within the NNP. It aims to build the capacity of families and communities and prevent malnutrition, thus contributing to MDG1 and 4. CBN was designed to prevent malnutrition and was initiated in 39 districts in 2008 and further scaled up to cover 228 Woredas in 2011.

186. Since the start of CBN program, improvements were observed in the nutritional status of children. Preliminary findings of the 2010 Ethiopian Demographic and Health Survey (EDHS) revealed that there has been improvement in the nutritional status of children[1]. Stunting in children was reduced from 52.2% in 2005 to 46% in 2010 and the percentage of underweight children was reduced from 34.4% in 2010 to 28.7% in 2010.

187. Stunting is still a major development challenge in Ethiopia. FMOH convened a national consultation workshop in February 2011 to accelerate stunting reduction. Currently the NNP is being revised in order to align the end of the first phase with the MDG (2015) and to include initiatives such as Accelerated Stunting Reduction Moderate Acute Malnutrition Management.

Reductions in children malnutrition rate

Indicator	*2009/10*	*2010/11*	*Target by 2015*
Stunting (%)	46	42	37
Wasting (%)	11	8	3

* GTP 2010/11.

[1] Since the EDHS 2010 has used the 2006 WHO Growth Standards while the 2005 DHS used the 1977 NHSC standard, the data is recalculated by Tulane University to adjust methodological differences.

188. In relation to the MDG1 progress it would appear that based on underweight prevalence, and assuming the current trend of a -1.24 percentage point decline is sustained over the next 4 years, Ethiopia is highly likely to meet MDG1.

Other Key Nutrition-Related Activities

189. The following additional activities have been performed to strengthen the health sector based nutrition services (1) global breast-feeding week was nationally observed for the third time in 2010/11 to promote breast-feeding, (2) a more focused strategy is under development for an accelerated stunting reduction strategy to achieve the MDG target, and (3) high impact key nutrition activities and corresponding indicators were adequately incorporated into HSDP IV.

9. Malaria and other vector born diseases prevention and control

190. Ethiopia has made excellent achievements in fulfilling its planned targets to prevent and control malaria epidemic particularly during 2003/04-2008/09. Malaria prevention and control is the major priority program that has enjoyed utmost Government commitment and considerable attention from the health policy makers since the beginning of HSDP I.

191. The overall strategies to substantially reduce the burden of morbidity and case fatality rates are (1) a comprehensive approach to vector control, (2) early diagnosis and prompt treatment and, (3) surveillance, prevention and rapid management of malaria epidemics when and where they occur. Achievements so far show that distribution of insecticide treated nets (ITNs) has successfully reached around 22.2 million in 2008/09 making Ethiopia the third highest bed net coverage achiever in Sub-Saharan Africa after Togo and Sierra Leone.

192. A major proportion of these ITNs are long lasting insecticide treated nets (LLITN) and were distributed through health facilities to communities including hard-to-reach areas, enhanced outreach strategies, and special community campaigns. The most effective anti-malarial drug, artemether-lumefantrine, has been introduced nationwide as the first line treatment for Plasmodium falciparum malaria. Access to parasitological diagnosis of malaria has been extended to the peripheral health facilities including HPs through the introduction of rapid diagnostic tests. For the prevention of malaria epidemics, indoor residual spraying was continued to be used as a major vector control measure. It is important to note that much of the scaling-up in the prevention and control of malaria was community-based. Basic diagnosis and treatments have been carried out by the HEWs at health posts or during house to house visits.

193. A recent malaria assessment in the country showed that there was a 54% and 55% reduction in malaria admission and death, respectively, as compared to baseline period of 2001-2004. In-patient case fatality rate of malaria in >5 years age group is 3.3%, while the case fatality rate of malaria in <5 age group is 4.5%.

194. According to MOH's data of 2010, about 65.6% of the households in areas below 2,000m own at least one ITN. The use of ITN by under -five children and pregnant women has remarkably increased from 2.8% and 1.6% to 41.2% and 42.5% respectively.

10. HIV/AIDS prevention and control program

195. HIV/AIDS prevention and control has been a top priority of the Ethiopian government from the beginning of HSDP I. The national HIV/AIDS policy was issued in 1998, and in subsequent years a National AIDS Council, National AIDS Secretariat and other relevant bodies were established. The estimated HIV prevalence rates for males and females have been 1.8 and 2.8, respectively. Overall, the national point prevalence for 2009

was 2.3. During the same year, adult HIV incidence was 0.28 resulting in a total AIDS related death of 44,751.

196. In 2008, the HIV prevalence in urban areas was 7.7% with an estimated 62% of total PLHIV in the country are residing in urban areas. Prevalence of HIV in rural areas was 0.9% which accounts for 38% of the total PLHIV. The epidemic varies greatly among urban settings from 2.4% in Somali region to 9.9% in Tigray, 10.7% in Amhara and 10.8% in Afar regions. The rural HIV epidemic also varies significantly among regions prevalence ranging from 0.4% in Somali region to 1.5% in Amhara region.

HIV/AIDS awareness, knowledge and behaviour

197. The 2011 EDHS included a series of questions that addressed respondents' knowledge about HIV and AIDS, and modes of HIV transmission and behaviours that can prevent the spread of the virus. HIV/AIDS awareness is universal in Ethiopia where 97% of women and 99% of men have heard of HIV/AIDS. The awareness level does not very much in terms of background characteristics except by education, those with no education being less likely to have heard of HIV/AIDS.

Care and support for OVC in HIV program

198. According to the 2010 Annual Performance Report of HIV AIDS prevention and control office (HAPCO), there are about 5.4 million OVC, of which 855,720 are AIDS orphans. The care and support program to OVC are also given to non-AIDS orphans, children with poor parents, street children and child headed households given priority to AIDS orphans. HAPCO allocated up to 20% of its total budget to the support and care of OVC.

199. HAPCO established a unit within its structure to focus exclusively on providing care and support to OVC. All government institutions have mainstreamed HIV/AIDS in their activities. At the Woreda and Kebele levels, care and support of OVC are specifically assigned to the staff.

200. The major strategy for care and support of OVC is through families, within existing orphanages, NGOs, CBOs, organized OVCs and organizing IGAs for those who have reached 18 years of age. The first priority is to support OVCs to be able to continue their education, and to provide them with food, clothing, shelter and teaching materials, training in IGA and seed money to avoid their exposure to different problems. Individuals and institutions organized in "Ethiopians for Ethiopians" approach based on adoption like strategies are being promoted in all regions. A taskforce was established under the chairmanship of MOWCYA to improve the coverage and quality of support.

201. In 2007/08, support and care was provided to 91% (194,299) of the annual planned target of 214,100 children. Although this seems a good achievement, the number is only 10% of the total OVC (1,875,445) who are identified as requiring care and support, or less than 4% of the national estimated total OVC population which is 5 million. Thus a huge amount of work is left to be done to provide adequate support and care to OVCs which includes mass mobilization and preparation of various schemes for support and care.

HIV Counselling and Testing (HCT)

HCT service expansion

202. Ensuring utilization of HCT services by educating and encouraging people to access the services is a major intervention in the prevention of HIV. In 2009/10 HCT services were availed to 2,184 health facilities nationally which is a big advancement compared to the previous years. The number of health facilities which provide HCT has grown from 658

in 2004/05 to 2184 in 2009/10.The health facilities that started providing HCT are given follow up and support while those which have been operational for some time are strengthened.

203. In 2009/10 alone, 588 health facilities started providing HCT services. In comparison to the target of the Universal Access, out of the planned 849 HCT sites, 588 new sites have started providing HCT in 2009/10, which is an achievement of 69%. It was planned that 12.5 million clients would get HCT service and out of which 9.4 million (75%) was achieved. Out of the total number of clients that accessed HCT services, 143,007 (1.5%) were HIV positive.

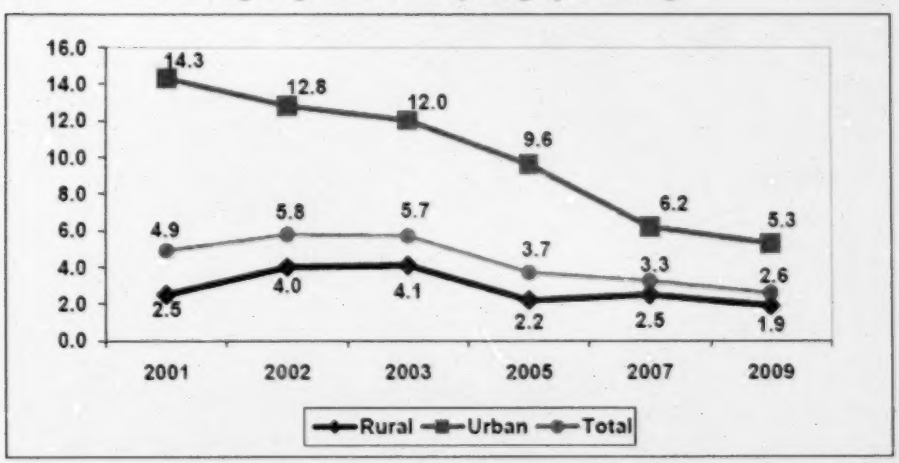
204. Following the Ethiopian Millennium Anti-AIDS Campaign, the HCT service has shown enormous progress especially in 2006/07, which triggered a fast progress in HCT service utilization in health facilities as well as in standalone, mobile and outreach HCT sites. In 2009/10, the number of clients that utilized the HCT service exceeded that of the previous years by 3.6 million which is an increase of 62%.

205. On the other hand, the rate of HIV positive results declined from 12.5% in 2004/05 to 1.5% in 2009/10. The decline could be attributed to many factors such as the impact of high community mobilization programs which resulted in a large flow of clients, especially from the rural parts of the country which in turn could have reduced the proportion of HIV positive clients. Another reason could be the decline of HIV incidence in the country as shown by some studies.

Prevention of Mother to Child Transmission of HIV (PMTCT)

206. The prevalence of HIV among pregnant women has been steadily declining in the last decade, from 5% in 2001 to 2.6% in 2009 based on ANC surveillance data.

Figure 1
HIV Prevalence Among Pregnant Women by Geographic Settings



Expansion of PMTCT Sites

207. Effective implementation of PMTCT services to prevent HIV transmission from mother to child during pregnancy, delivery and breast feeding is expected to lead towards an HIV free generation. The government recently adopted the 2010 WHO guideline of PMTCT, and launched the MTCT elimination plan.

208. In 2009/10 a total of 796,099 mothers visited health facilities for ANC, out of which 653,065 were tested for HIV and 13,257 were found positive. Among the mothers who were HIV positive, 53% (6,990) took the ARV prophylaxis. The number of mothers who received HIV testing under the PMTCT services has increased. Evidence from supportive supervision conducted at various times indicates that social mobilization and community education programs conducted by HEW has shown remarkable impact and should be further strengthened and supported.

209. The number of health facilities that provide PMTCT services have increased from 32 in 2003/04 to 1,352 in 2009/10. This is an 86% achievement of the universally set target. In 2009/10 alone, the number of new sites providing PMTCT services increased by 509. However, the number of health facilities that provide PMTCT is still below 50% of the total number of health facilities that could potentially provide the service. Therefore, more has to be done to ensure availability of the service in all health facilities. In places like Addis Ababa, where there are many private health facilities that provide maternal and child health services, it is recommended that PMTCT services are also availed in the private health sector.

11. Poliomyelitis

210. No polio cases are reported in 2009/10. In order for a country to be declared polio free, it must have no polio cases and have an Acute Flaccid Paralysis (AFP) non-Polio rate of at least 1 per 100,000 children under 15 years. AFP non-Polio rate is important to demonstrate that the surveillance system is sensitive enough to detect Polio cases. At the national level, 1,106 suspected AFP cases are reported. Somali and Dire Dawa regions/areas have under reported, while other regions reported more than 100% of the expected non-Polio AFP cases.

12. Neonatal tetanus

211. A recent WHO validation mission certified Ethiopia (except Somali region) to have eradicated neonatal tetanus (<=1 NNT cases among 1,000 live births). Tetanus immunizations through HEP and schools will be considered as the main strategy for the future.

13. Adolescent health services

212. The Government of Ethiopia has put in place a national strategy to promote adolescent health services. This service is related, mainly, to family planning and focuses on providing advisory services to adolescents and young adults. The implementation of adolescent health services being provided by HEW is carried out by mobilizing resources in coordination with regional health bureaus.

213. The advice that is being given to adolescents is aimed at raising awareness so that they are prevented from contracting STIs and HIV/AIDS. They are also provided with life skills training on the challenges that they face due to their age and social pressures. The training also includes prevention of rape and abduction, unwanted pregnancy and abortion, early marriage and pregnancy, sexual harassment, and the dangers of use of alcohol, drugs, smoking and unprotected and unsafe sex.

14. Control and Prevention of Drug and Substance Abuse

214. The health policy places a great deal of emphasis on prevention. Thus, the country has implemented a number of programs to minimize the multidimensional consequences of drug abuse including tobacco, alcohol, chat and other social drugs. To this end, The Drug Administration and control Authority (DACA) organized a series of training and workshops

to parliamentarians, health professionals, social workers, law enforcement officers, journalists, youth, students, etc.

215. The Drug Abuse Prevention Education (DAPE) program that is being run in many secondary schools is proving very effective. The best practice learned from the school-based program is taken as a model for use in out-of-school settings, targeted to address the groups most at risk in the youth. Regular awareness raising programs focusing on drugs and other substances like tobacco, chat, alcohol, etc. are being aired on radio programs in different languages. Efforts are being made to expand the program to reach to the wider community through the national TV. World-No-Tobacco Day was celebrated for the past several years in the country using electronic and print media.

216. Although there are efforts to curb the use of drugs, as demonstrated in a recent action by the police in Addis Ababa, which resulted in closing premises where illicit drugs are sold, the growth of private chat houses, and pornographic film and video houses still remain an uncontrolled challenge.

15. Harmful Traditional Practices (HTPs)

217. Considerable efforts are made in raising awareness about HTPs through government institutions, NGOs and CSOs at all levels to reduce/eliminate HTPs as well as enforce legislative measures.

218. National health and social policies address this issue in the services they provide, and have attempted to change attitudes and behaviours that violate the rights and are dangerous to the physical and psychological health of women and girls. The 2005 Criminal Code took into account the recommendations of a study group on "Enabling Communities to Abandon HTP", and devoted a separate chapter to various harmful practices in articles 561 to 570. These legislative measures against the violations of women's and girls' rights during practices such as female genital mutilation played a key role in the success of several prevention measures.

219. One of the priority actions contained in the family health service which is a subcomponent of the HSDP has been to discourage the performance of HTPs. Eliminating the practice of FGM and other HTPs is mainstreamed in every document relating to the improvement of the health status of children. Several researches were undertaken in order to curb the practice; and based on the findings, varying measures ranging from promotion of awareness to criminalizing these practices have been taken.

220. Even though the progress so far is encouraging, there are still some challenges since many practices have become hidden and there is limited awareness of the law even among the law enforcement bodies. The ongoing work of NGOs and Civil Society Organizations such as Women Associations and Edirs is being supplemented with radio programs and school based activities such as girls clubs and anti HTP clubs which serve to continue awareness raising on a wider scale. The awareness is expected to continue until such time when a critical mass is created, thereby establishing a sustainable change of attitude among the population.

C. Living Standards

1. Hygiene and Environmental Health

221. The objective of hygiene and environmental Health Policy is to increase the coverage and services to both the rural and urban population of the country. HSDP I and II periods saw the development of a National Sanitation Strategy and concerted measures for strengthening the monitoring of water quality by the public sector. During these periods, it

also became possible to open two additional International Vaccination Centers at St. Paul and St. Peter TB Specialized Hospitals.

222. There were also some achievements recorded which included access to toilet facilities which were increased from 10% to 29% in 2003/04. The improvement in access to sanitation facilities was from12.5% to 17% in 2002/03. However, the services for hygiene and environmental health have not sufficiently reached the rural population and have been limited largely to urban areas, particularly in some of the regions of the country.

223. During HSDP III, a National Hygiene and Sanitation Strategy and National Protocol for Hygiene was developed including the commencement in the implementation of Community Led Total Sanitation (CLTS). The HSDP III period also saw the start for a National Millennium Hygiene and Sanitation Movement including the development of mass mobilization and communication strategy. Four regional towns were selected for the Healthy Cities Program. The work also included the development of the Urban Health Service Package with five Manuals for the delivery of urban health services.

224. HSDP III had specific targets for hygiene and environmental health. Some of these were increasing the latrine coverage from 20% to 80% and to reach 100% in the medical and other waste management system in public and private health institutions. Reports so far have shown that there are significant progresses in latrine coverage which has reached 60% and for waste management systems which have reached 60%. The establishment of a committee for infection prevention in public hospitals is among the most important hygiene and environmental health initiatives.

2. Food Strategy Program (FSP)

225. The FSP has been designed to address the underlying sources of chronic and transitory food insecurity problems. The core objectives of this program are to enable chronically food insecure people attain food security. The other objective is to significantly improve the food security situation of the remaining people facing transitory food insecurity problems. The program has been under implementation since 2003. The key interventions designed to attain household food security include:

(a) Undertaking voluntary resettlement programs;

(b) Undertaking safety net program, which helps to bridge food insecurity gaps while building community assets; and

(c) Building household assets through on-farm and off farm activities.

3. Voluntary Resettlement Program

226. The Voluntary Resettlement Program was intended to create access to land for food insecure households who live in highly degraded and over populated parts of the country. The program started in 2002/03, and considerable progress has been made since then. In 2006/07, for instance, the resettlement of 57,250 households in Amhara, Oromya and SNNP Regional states was planned, and by the end of the year, only 28,794 (50.3% of the planned) households were resettled due to a number of operational problems.

4. Safety-Net Program

227. Safety-Net Program has dual purposes, and these are: to bridge the income gap for chronically food insecure households and engage such households in community asset building efforts to earn income. It started in 2005, in Tigray, Amhara, Oromiya and SNNP regions. For instance, in SNNP, Amhara, Oromia, Tigray and Dire Dawa regions, 269,162 households graduated from safety net program that started in 2007 and completed in 2010.

5. Building household assets through on-farm and off-farm activities

228. Public works include soil and water conservation, afforestation, water harvesting, small scale irrigation, rural roads and social infrastructural services, etc., while building individual household assets involves supporting on-farm and off-farm income generating activities with rural credit services.

229. In 2007, 377,713 households were given credits for on-farm income generating and off-farm activities to build assets. This represents an achievement of 118% of the targeted number of households (320,974).

VIII. Education, leisure and cultural activities

A. Education

230. The Ethiopian Government has long recognized that basic education is a fundamental human right. Its economic effects extend beyond improvements in the skills and productivity of labor. They help to improve health, hygiene, nutrition practices and childcare. It is thus not only a right in itself but a means of realizing other human rights. The Ethiopian Constitution includes the rights of all children to education. To realize its educational objectives, the Government introduced the Education and Training Policy and an Education Sector Strategy in 1994. Subsequently, in 1997 the Government developed a twenty-year Education Sector Plan, which is divided into a series of five-year Education Sector Development Programs (ESDP). The duration of these programs has been adapted so that they fit in with the planning cycles of national development plans and the time frame for the achievement of the Millennium Development Goals.

231. Each of these components has its own program outcomes and targets. Two major outcomes are common to all five components because of their supreme importance. Firstly, the imperative to urgently reduce school drop-outs, which, to a large extent, are expression of low quality learning outcomes and learning environment; as long as these rates remain high, the objective of Universal Primary Education will not be achieved. Secondly, the need to translate the investments made in improving the inputs into the school system (such as better teacher training, more equipment and textbooks) into better student achievement. One central finding of ESDP III implementation was precisely that student achievement remained low notwithstanding significant ameliorations in teacher qualifications and training and in equipment.

1. Enrolment in schools

232. As a major strategy towards achieving the EFA goals, free primary education was introduced with the adoption of the new Education and Training Policy in 1994.The high direct cost of education to parents is a reason why poor children do not enter school or drop out early. Where schools/Woredas/regions decide to levy fees in the form of community contribution, they will need to put in place arrangements to ensure that no child is excluded from school because of inability to pay. The ESDP IV addresses the need to design specific strategies to reach the millions of out-of-school children in the pastoralist regions and disadvantaged communities.

Early childhood care and education

233. This level normally includes children of ages 4-6 enrolled in the pre-primary education. Non-governmental organizations, communities, private institutions, and faith-based organizations, are the predominant operators of kindergartens. The Government is

involved in developing curriculums, training teachers, and providing supervisory support and more recently, developing an integrated policy framework and ECCE monitoring tools.

234. Interesting initiatives have been launched with success in various regions, through the support of development partners and in close collaboration with the local communities. These initiatives include organizing pre-primary classes referred to as "Zero Class" within an existing primary schools, and also having older children enrolled in grades 5 to 8, supporting the development of pre-literacy and pre-numeracy skills in 4 to 6 year olds through play, song and reading (Child-to-Child). This has helped in spreading Early Childhood Care and Education into rural areas.

235. According to EMIS 2009/10 out of the estimated 7.12 million children between the ages of 4-6 years only about 341,315 children have been reported to have access to pre-primary education in the 3,318 kindergartens all over the country. Though the enrolment is small when compared to the number of children found in the age group, it is worth noting that this figure does not include children enrolled in non-formal ECCE programs like the "Child-to-Child" approach as well as in the Zero Class initiatives. The General Enrolment Rate (GER) for kindergarten in 2009/10 is 4.8% which is higher than the previous year by 0.6 percentage point.

Primary education

236. GER in primary education at national level shows a continuous increase. GER for 2009/10 at national level is 93.4%, among which 96.6% are boys and 90.1% are girls. The gender gap has been steadily reducing with girls falling behind boys by 6.5 percentage points (EMIS 2009/10).

Secondary education

237. The net enrolment for the first cycle of the secondary school (grades 9-10) shows increment, from 13.5 in 2008/09 to 16.4 in 2009/10. The second cycle of the secondary school (grades 11-12) shows an average annual growth of 18.4 which is faster than the first cycle of the secondary school. In 2009/10, the GER for the preparatory program was 7% i.e., 8.9%, and 5% for boys and girls respectively.

Alternative Basic Education (ABE)

238. ABE program as designed under ESDP, aims to provide basic education through alternative modes of delivery for pastoralist and semi-pastoralist areas of the country. To realize the goal of universalizing access to primary education by 2014/15, ESDP III envisaged provision of basic education through alternative modes. Accordingly, ABE centers were created in many regions in the last five years.

239. ABE is designed to provide the equivalent of the first cycle of primary education within 3 years and is open to older children and offers flexible modality of education.

Enrolments in ABE Centers by gender

Year	*1998 E.C (2005/06)*	*1999 E.C (2006/07)*	*2000 E.C (2007/08)*	*2001 E.C (2008/09)*	*2002 E.C (2009/10)*	*AAGR*
Male	426,036	311,427	349,863	422,512	531203	5.7%
Female	391,296	271,339	287,380	357,830	424,491	2.1%
Total	**817,332**	**582,766**	**637,243**	**780,342**	**955,694**	**4.0%**

Source: EMIS 2009/10.

240. As can be noted from the above table, ABE has contributed to the enrolment of primary education of about 955,694 students within the past five years, and contributes additional 5-6% coverage to the GER for primary education. The ABE enrolment has increased by more than 170,000 compared to the previous year. The gross enrolment rate in the ABE program for 1st cycle of primary education is 11% for both sexes, 10% for females and 12% for males.

Adult education

241. Adult and non-formal Education is designed to address the primary education needs of adults and others who are substantially older than the traditional primary school going ages of 7-14 years. These community literacy and skill training centers offer programs related to the specific needs of the rural community.

242. Data capturing for these programs, as acknowledged by the government, is comparatively new and thus the accuracy of reporting is uneven. The reporting is further complicated because many such programs are operated by non-government entities and the regions are not fully sensitized on the importance of the role of this type of education. In 2009/10, the total enrolment in the Functional Adult Literacy program was 77,180 females and 120,469 males.

Technical and Vocational Educational Training (TVET)

243. The number of TVET institutions, both governmental and non-governmental, has increased considerably. According to EMIS 2009/10, the total enrolment in TVET in the year 2005/06 was only 123,557. In 2009/10, enrolment increased to 353,420. This figure is quite small when compared to the number of students who should be enrolled in TVET programs for the past three years. In 2009/10, female enrolment constitutes 44.3% of total enrolment, indicating a relatively good gender balance at the national level.

Tertiary education

244. The overall enrolments as well as the intake capacity of higher education institutions have significantly increased during the ESDP III period (2005/06 to 2009/10). Twenty two universities are now distributed over the country with thirteen additional ones created under ESDP III.

245. More than 50 higher education institutions are established by the private sector within the planning period. Thus, overall enrolments have increased from 149,694 to 319,217 in the planning period of which 17.3% of the total enrolments 55,264 are in non-government institutions. As a consequence, the GER for higher education increased from 3.6% in 1999 to 5.3% in 2008/09. This shows that the private higher education institutions have an observable contribution to the education sector. This means that in enrolment in higher education has now come close to the African average in GER of 6% in 2000.

School feeding programs

246. School feeding programs are being provided to 1,200 schools based on a situation of low enrolment in high food insecure areas to stabilize/reduce student dropouts and increase grade performance and enabling students to continue their education to higher levels. Additional incentives are given to parents in pastoral areas, to send their daughters to schools and attend at least 80% of the school days. The program is funded by WFP and managed by the Ministry of Education. The program has resulted in increasing student enrolment and improving student performance. For example, student enrolment rates in Oromiya increased by 25% as a result of introduction of the school feeding program.

2. Public expenditure on education

247. One indicator of future financing is the progression of education financing over the life of ESDP III. The total financing requirements for ESDP III were estimated at around Birr 53 billion (at 2006 prices) broken down. Table 3 shows the planned cost of ESDP III.

248. In the ESDP III it was assumed that the rate of growth of GDP will be in the range of 7.3% to 9.6%. The Government was also committed to increase the share of education from GDP from 3.1% in 2004/05 to over 7% in 2009/10. Based on a 9.6% growth rate, the Government allocation to education was estimated to increase from about Birr 5 billion in 2005/06 to Birr 10.9 billion in 2009/10. Community contributions were estimated to increase from Birr 784.5 million in 2005/06 to Birr 1.13 billion in 2009/10 and the cost sharing in TVET and tertiary education from Birr 32.4 million in 2005/06 to Birr 106.9 million in 2009/10.

3. Training of more teachers to improve facilities

Teachers development

249. During ESDP III, the total number of teachers in primary and secondary education went up from 171,079 (60,902 women) in 2004/05 to 270,594 (100,680 women) in 2008/09. This swift increase has allowed a decrease in the pupil/teacher ratio at both levels.

250. A Teacher Development Program was launched in order to improve qualifications and professional development of teachers. The plan covered the period 2004/05-2006/07 and was later on extended through the year 2007/08. Amongst the major achievements of this program, the following are worth mentioning:

- The required qualification level of primary school teachers has been increased from a one year certificate course to a three year diploma course attained after completing grade 10. Requirements for training of secondary school teachers were changed from only bachelor's degree to a bachelor's degree course in a major field and one year course in professional teacher training.
- A special practicum program was introduced in pre-service teacher training.
- A revision of the curriculum was undertaken to adapt the different teacher training curricula to the new teacher qualification requirements.
- An English Language Improvement Program (ELIP) was established from which more than 150,000 teachers have already benefited, while English Language Improvement Centers (ELICs) were set up at some TEIs.
- A Higher Diploma Program (HDP) was created to enhance the quality of teacher educators in both CTEs and universities.
- Continuing Professional Development (CPD) was introduced for teachers in most schools, employing weekly sessions, drawing on either school based, and cluster or district-level expertise.

251. A special Leadership and Management Program (LAMP) was initiated to build the capacity of school principals and supervisors in planning and management.

252. Regarding female teachers, women are given 50% (60% in some regions) affirmative action quota during recruitment of primary school teachers while being given equal opportunities to compete with men candidates for the remaining 50%. The MOE developed new selection guideline for teaching staff in secondary education. In the new selection guideline, there is a 30% quota for females.

Certified primary school teachers

253. According to national standards, the minimum requirement for teaching in primary schools/grades1-8 is a qualification from the College of Teacher Education/CTE. It is noted that there has been a rapid growth in certified teachers for the upper primary school/5-8. Table 4 shows the number of Certified primary school teachers.

Certified secondary school teachers

254. The percentage of qualified teachers is higher in secondary than in primary education. Nationally, 77.4% of all the secondary teachers are qualified for their level of teaching. However, there is considerable variation by region in the percentage of qualified teachers.

4. Schools and facilities

Primary schools

255. The evaluation of ESDP III has indicated an increase in the number of primary schools during its implementation period (2005/06-2009/10) from 19,412 in 2005/06 to 26,951 in 2009/10.

256. As regards school facilities, there were 238,833 classrooms in 26,951 schools during 2009/10, and among the existing 26,951 primary schools 37.4% (10,070) have access to water; more than 90% have latrines; 14.5% (3,919) have clinics for students; 50.7% (13,676) have pedagogical centers; and 37.3% (10,050) have libraries. The 2009/10 student/classroom ratio is 57.4:1 in primary schools although the target was to reduce the ratio to 50:1. The student/ text book ratio in 2009/10 is 1.5:1; as opposed to the planned ratio of 1:1.

Secondary schools

257. There are 1,355 secondary schools in Ethiopia. The system of double shift, which is needed to accommodate the rapid growth of 20% enrolment per year, is noteworthy. All secondary schools have latrines. Moreover, 69.9% (947) of secondary schools have water facilities, 33.4% (452) have clinics, 86.42% (1,171) have library facilities and 1,783 have laboratories and some schools have two or more laboratories.

5. Ensuring access to informal education for vulnerable groups

Increased access to education

258. The focus under ESDP IV is on the children who are still out of school. The activities that will be undertaken during ESDP IV can therefore be grouped into two sets: (1) those aimed at further expansion of access to primary education, and (2) those more specifically focused on equity and on decreasing the existing enrolment gaps between various groups.

259. The first set of strategies include expanding the number of primary schools with special emphasis on reducing the distance between schools and pupils' homes, particularly for second cycle primary students (grades 5 to 8). Transformation of the existing ABE Centers into regular schools, and establishing more ABE Centers when and wherever necessary is a major strategy because ABE is considered a solution to providing access for hard-to-reach children. In the long run, the strategy is to phase out ABE Centers and use other solutions to address those children who still cannot access formal schooling due to a variety of reasons. Recognizing that many children will have a need for informal schooling, a set of recommended strategies are listed in the program matrix.

260. The second set of strategies include the use of multi-grade classes as a means of integrating and maintaining children living in scarcely populated areas, the provision of special support programs, scholarships and school feeding programs. Alternative education services like mobile schools, para-boarding schools for second cycle primary will continue in order to meet the needs of pastoralist and semi-pastoralist populations.

261. NGOs, CSOs, donors and international organizations like the UN support activities related to school feeding and by financial and material provisions for vulnerable children and those with special needs. Various support and accountability mechanisms are developed in relation to actions relating to girls' access and retention in schools.

Special educational needs

262. According to the data collected in 2009/10, the total number of students with special education needs in primary school (grades 1-8) is around 47,463, in lower secondary level (grades 9-10) is around 3,871 and upper secondary level (grades 11-12) is around 536. The number of children with special educational needs who are currently attending schools is expected to exceed this figure.

263. The Ministry of Education has adopted a Special Needs Education (SNE) strategy regarding the provision of the service within the existing structure and in the framework of inclusive education. The final goal of the strategy is to ensure access and quality education for marginalized children particularly for children with disabilities. The General Education Quality Improvement Program (GEQIP) has also given emphasis to these issues and incorporated them in the teacher development component. Thus, a teacher training program is specially designed for "training teachers in SNE screening". Programs are implemented to strengthen Pre-Service and In-Service Teacher Training for SNE and provision of SNE materials to TEIs and cluster resource centers.

6. Strengthening vocational training for children who have left school

264. The Education and Training Policy states that, parallel to general education, diversified technical and vocational training should be provided for those who leave school in the following manner:

(a) Training in agriculture, crafts, construction, basic bookkeeping in the form of apprenticeship for those with the appropriate age and leaving primary school;

(b) Technical and vocational training in agriculture, industrial arts, construction, commerce and home science for those who may not continue with their general education after primary school;

(c) Technical training for those who complete grade ten to join middle level manpower.

265. Accordingly, in some regions, training in different areas is given to those who drop out of school at any level of education.

7. Education on human rights and civic education

266. Civic and ethical education textbooks for grades 5 to 12 have been produced in order to increase the awareness of children and community members about human rights and by establishing different activities inside and outside of school compound.

8. Technical assistance to improve access to education for girls

267. The Ministry of Education cooperates with other donor agencies to enhance the access and quality of teaching and learning activities. In this regard, the World Bank has

provided institutional and capacity building support to the Ministry and contributed computers to schools. The World Bank, UNICEF and other donors also contribute to the General Education Quality Improvement Program (GEQIP) which targets basic education systems being implemented in all regions.

268. UNICEF supports the Ministry and regional bureaus to (1) expand access to ECCE in order to promote school readiness and reduce drop-outs from the first cycle, (2) improve access to education for girls and marginalized children, (3) support the strengthening of capacity for effective classroom instruction and school management as part of the School Improvement Program (SIP), and (4) capacity development for effective sector management especially in the developing regional states. Other international bodies like the Japan International Cooperation Agency (JICA) cover the training of staff in the education sector in the field of sciences and mathematics; teacher training, development of teacher guides, and providing teaching materials.

269. In addition to this, strengthening human resource capacity and achievement of the Millennium Development Goals (MDGs), of which education is a key element, was a cornerstone of the World Bank's Country Assistance Strategy (CAS) for 2008-2011. Several operations financed by IDA and other development partners (e.g., the protection of the Basic Services Project and the Public Sector Capacity Development Project) also provide support in priority areas that will have significant benefits for the education sector.

270. The Ministry of Education is undertaking different activities in collaboration with different NGOs and CSO to address school level barriers for girls' education. Some efforts have been made to support female students; in tutorial support, counselling and other support for girls at all levels. In some emerging regions, mobile schools have been constructed to create educational opportunities for girls.

B. Rest, play, leisure, recreation and cultural and artistic activities (art. 31)

271. The Sport Commission has been entrusted with the task of catering for sports and recreational activities of children, youth and adults including children with disabilities. There are some training projects developed and implemented for children and youth in athletics, football, volleyball, basket-ball, tennis, etc. In addition to this, the Sport Commission encourages the formation of sport associations, local and school clubs and provides sport equipment to develop competition systems for children and adolescents.

272. Two hundred leaders were trained to organize and support sport associations and 11,193 sport associations were established from national to Kebele levels. Out of these, 26 associations are registered at a national level. To expand and strengthen sports activities and fulfil communities' training needs, 7,567 different sports grounds are created in suitable locations.

273. Students take mandatory physical education courses and have some space and fields for sport activities, particularly in the rural schools. However, as the size of urban population and the number of students increased, quite a number of schools have little space for various games, such as football, handball, etc.

274. The Ethiopian Government is aware of the importance of respect for Ethiopian cultural values and is undertaking various activities through the Ministry of Culture and Tourism:

- Different kinds of events and competitions are organized for the general public, including children and adolescents. These events include activities such as painting

and handicraft exhibitions, typical food and drink tastings and concerts by national and international artists.

- A wide range of cultural and artistic activities are held outdoors and in theatres, museums, cinemas, galleries, mobile libraries, libraries, record and documentation centres, fine arts and handicraft training centres and other institutions. Children are encouraged, mainly through schools, to visit museums, theatres and historically important sites. Students are offered discounts on entrance fees on presentation of identity cards. Children below 10 years old are exempted from payment.
- Different types of literature are provided for children in municipal libraries.

275. There are initiatives to establish youth centers which provide library services, awareness creation training, distribution of children books, counselling and skills training.

276. Some measures have also been taken in order to increase the number of radio and TV programs for children and adolescents and other products of children's culture (for example magazines, literature, music, theatre, video, etc.) However, issues of children's, leisure, play and cultural activities have not received the attention and resources it requires, mainly due to lack of resources, inadequate community participation and understanding of the need.

277. In 2010, internationally accepted standards are prepared regarding children's accommodation, food, entertainment, etc. in tourist destinations.

IX. Special protection measures (arts. 22, 32-36, 37 (b)-(d), 38, 39, and 40)

278. The Government of Ethiopia considers children as the most precious human resource, and investment; and their wellbeing is regarded as investment for the future. In light of this, in collaboration with the society, development partners and civil society organizations, the Government has been doing all possible not only to improve their wellbeing but also to ensure their development in a holistic manner.

279. The GTP primarily provides for equitable benefits to children from development initiatives. These include reduction of the rate of incidences of abuse and exploitation, reduction of illegal child migration and trafficking, increased support to vulnerable children, reduction of HTPs that affect children, and ensuring the protection rights of children. Relative to other sections of the community, children's vulnerability to man-made and natural catastrophe is higher, thus efforts will be strengthened to minimize the vulnerability of children during the five year GTP period.

280. Children require special protection when they are arrested, accused or found guilty of an offence by the justice system. Violence in the home, trafficking, living and working on the streets, migration, labor exploitation, and dysfunctional families are some of the key factors that put children at risk and increase their vulnerability to different forms of violence.

A. Refugees (art. 22)

281. With reference to the Committee's recommendations contained in paragraphs 65 and 66 (a)-(f) of the concluding observations on Ethiopia's third periodic report (CRC/C/129/Add.8), with regard to refugees, the following measures are taken:

(i) The basic principles of refugee protection are based on the provision of special care and protection to all children under the age of 18. The best interests of

the child are always of paramount consideration. The care and protection of refugee children entails independent representation in refugee proceedings, protection from discrimination and prevention of possible abuse, free access to medical care, access to primary education, and secure accommodation, access to free social and psychological assistance, and access to leisure-time activities.

(ii) Under the Ethiopian Proclamation No. 378/2003, Ethiopian nationality could be acquired in different ways. Article 3 (1) stipulates that any person may acquire Ethiopian nationality if one or both his/her parents are Ethiopians. Article 3 (2) states that an infant who is found abandoned in Ethiopia shall, unless proved to have a foreign nationality, be deemed to have been born to an Ethiopian parent and shall acquire Ethiopian nationality. This way of acquiring nationality gives protection to infants and has a significant contribution in avoiding statelessness.

(iii) Ethiopia is striving to meet its obligations under international laws on refugee children, working in collaboration with international organisations, especially with the United Nations High Commissioner for Refugees (UNHCR). Currently, Ethiopia provides shelter and basic services for 273,323 refugees from neighbouring countries (Somalia, Sudan, Kenya and Eritrea).

(iv) Most of the refugee families with children live in various shelters. Refugees from Somalia live in Bokolmayo, Melkadida, Aw-bqare, Shedder Kobe, Hilaweyn and Kebrbeyah of Somali Regional State. Kenya-Borena refugees live in Megado and Dillo refugee site in Oromiya Regional State. Refugees from Sudan live in Pugnido, Tongo and Sherkole refugee camps of Gambella and Benshangul Gumez Regional State, Eritrean refugees live in Shimelba, Asayta, Berahele, Maiaini Adi-Harush refugee camps of Tigray and Afar region.

(v) School enrolment of refugee children commences immediately after their settlement in the camps. Residential facilities are constructed for OVC to prevent further abuse. Seminars and training courses are organized for refugees in order to inform them about the available services and their rights, and the rights of their children.

B. Children in armed conflict (art. 38)

282. As indicated in the third periodic report, the minimum age of recruitment to the armed forces is 18 years. The recruitment process is undertaken with high sense of responsibility in order to avoid recruitment of children even if they volunteer. The armed forces have internal regulations that have clear criteria for recruitment in accordance with international standards. In addition to these, Ethiopia has ratified the Geneva Convention Relating to the Protection of Civilian Persons in Time of War and the 1977 Additional Protocols to the Geneva Conventions. In the reporting period, Ethiopia has also signed the Optional Protocol on the Involvement of Children in Armed Conflict. Ethiopia is also a party to the African Charter on the Rights and Welfare of the Child (ACRWC) and recognises its obligations under the Charter to prohibit the use and recruitment of children below 18 years of age.

283. As an additional precautionary measure to prevent recruitment, it is stated in the GTP that a national birth registration system will be introduced. However, after the third periodic report, Ethiopia was not involved in any hostilities or internal conflicts that might require calling up of armed forces, either as a regular or a special measure.

C. Street children

284 With reference to the Committee's recommendations contained in paragraphs 69 and 70 (a)-(d) of the concluding observations on the third periodic report, with regard to the lack of sufficient data on street children and increasing number of street children in major urban centres, the following measures are taken:

(i) In 2007, the MOLSA estimated the number of children living on and off the streets at around 150,000, with about 60,000 living in Addis Ababa. The root causes of the problem were identified as poverty, family disintegration, neglect and violence at home, lack of educational opportunity, death of parents and sexual abuses.

(ii) Ethiopia has intensified its campaign against poverty through the implementation of comprehensive poverty reduction strategy. This strategy succeeded in registering constant improvement in the level of poverty from 38.7% of total population in 2004/05 to 29.2% in 2009/10. This is a positive development towards the right direction which will have a contribution to addressing the problem of vulnerable children and their families.

(iii) A series of rehabilitation, reintegration and protection measures are taken by the government in collaboration with NGOs, as a result of which, the number of street children has reduced. The main strategies were provision of micro-finance and training opportunities for youth and mothers living on the streets in order to support them to engage in income generating activities and improve their livelihood. Furthermore, the establishment of social services in rural areas reduced the displacement of children from rural to urban areas.

(iv) MOLSA prepared a national plan of action on the Elimination of the Worst Forms of Child Labour in Ethiopia 2010-2014 (NPAEWFCL). The overall goal of the NPAEWFCL is to reduce and eliminate the incidence of the worst forms of child labour by 2014, and to create conducive environment for addressing all other forms of child labour in the long term. The leading agencies of the NPAEWFCL – MOLSA, MOWCYA, MOJ, Human right Commission, Institute of the Ombudsman, the Federal Supreme Court, Federal Police and Prison Administration, and the Public Prosecution Office – have also the mandate to monitor the implementation of the NPAEWFCL. Laws, policies, and guidelines are regularly reviewed and updated in accordance with international instruments and standards, as well as the overall goal of eliminating child labour and its worst forms.

(v) The MOE has initiated a program to increase accessibility of education to working children and children from poor families and vulnerable communities, in line with the goal of achieving Universal Primary Education.

(vi) Different measures are taken to enable youth living in the streets to participate in different income generating activities, such as in the construction of pedestrian pavements using cobblestone. The youth are also resettled with their families in different areas of the country. The Government in collaboration with regional governments, NGOs, religious institutions, community leaders and other stakeholders has initiated reintegration programs. More than 16,100 street children were reintegrated and rehabilitated through this initiative and begun to attend schools in their respective areas.

(vii). Cooperation agreements are entered into between Government and NGO partners to implement programs that aim at reunifying and reintegrating children living and/or working on the streets with their close and extended families. Local

administrative units, community organisations and committees are engaged in preventive measures in order to prevent children from living on the streets.

(viii). Services such as guidance and counselling, life skills and peer group support training are provided in view of enhancing psychological rehabilitation. Educational materials and school welfare fees and materials are provided for children with disabilities. Awareness creation has been conducted on child care issues by health extension workers. Vocational and entrepreneurship trainings are also provided for children who were capable of working.

D. Administration of juvenile justice (art. 40)

285. Pursuant to the Committee's recommendations contained in paragraphs 77 and 78 (a) and (i) of the concluding observations on the third periodic report, the following measures have been taken with regard to juvenile justice:

1. Establishment of a separate system for the administration of juvenile justice

286. Ethiopia has reformed its laws, took organizational measures to facilitate the effective implementation of the laws and procedures that deal with the special needs and respect the rights of children in conflict with the law. The laws of Ethiopia are, for the most part, complete in providing appropriate treatment of children in conflict with the law, in line with the provisions of the UN CRC. Some of the relevant considerations in this respect include the following:

- Article 9 of the FDRE Constitution incorporates all ratified international instruments, including the CRC into the law of the land. Accordingly, article 36 (3) of the Constitution states that juvenile offenders between the ages of 9 to 15 years, admitted to corrective or rehabilitative institutions shall be kept separately from adults (article 53). The Constitution further prohibits corporal punishment, and cruel and inhuman treatment in institutions responsible for the care of children.
- The Criminal Policy of Ethiopia, developed on the basis of the 4 principles of the CRC, aims to promote recovery and reintegration of children in conflict with the law. It also recognizes the importance of taking steps leading to prevention of re-offending and the use of detention only as a measure of last resort.
- The Criminal Policy calls for the establishment of special institutions at federal and regional levels which will oversee the appropriateness of the measures taking into consideration:
    - Special needs and circumstances of the child;
    - The principle of proportionality;
    - Laws, guidelines &programs to be revised & developed in line with the Constitution, national laws, international instruments & practices;
    - Special investigators, prosecutors & courts created at different levels.

287. The Criminal Code grants discretionary power to the court to decide, on a case-by-case basis, and impose alternative measures, for children 9-15 years of age. Article 53 (2) specifically states that alternative measures shall not be applied unless the child is convicted. Types of alternative measures include reprimand or censure (article 160), school or home arrest (article 161), supervised education (article 159), admission to a curative institution (article 158), admission to a corrective institution (article 162), fines (article 167) and conditional release/probation (article 168).

288. Federal Prisons Commission Establishment Proclamation No. 365/2003 provides that only infants less than 18 months old, who need close maternal care, may stay in detention with their mothers. The Commission, however, has the duty to provide all that is necessary to the health and care of the infant.

289. The National Youth Policy adopted in 1996 by the then Ministry of Youth, Culture and Sports, and the National Youth Policy Implementation Manual developed in 2005 identify juvenile delinquency, living and working on the street and beggary as some of the social evils that negatively affect youth. The Manual also recommends awareness creation and advocacy activities; continued and sustained study and research; and expanding work creation and deployment as major strategies.

290. The administration of justice, in which the State has sought to provide deferential treatment for matters related to legislation and other measures applicable to children in contact with the law, guarantees the implementation of standards for justice in accordance with articles 30, 37and 40 of the Convention.

291. Child friendly courts which were previously limited to Addis Ababa are now established in the regions of the country. The establishment of these specialized structures has reportedly contributed towards improved treatment of children coming in contact with the justice system as victims, suspects, accused and convicted.

2. Children deprived of their liberty (art. 37 (b)-(d))

292. A number of government institutions and NGOs working on child rights and justice issues have provided capacity building training and support to specialized child protection structures in Addis Ababa and the regional towns. Considering the seriousness of the problem of juvenile justice for children, governmental and NGOs have made various efforts toward the prevention and effective administration of child justice. Accordingly, over the past few years, many initiatives have sought to address child justice at different levels and within different sectors. Such interventions include:

- The MOJ implements a comprehensive Human Rights Training Project aiming to build the capacities of law enforcement and judicial personnel on topics including juvenile justice, and protection in the administration of criminal justice.
- The MOJ and the Federal Supreme Court have been undertaking the "Child Rights Protection Training Development" project aimed at establishing a child sensitive and protective justice system in collaboration with UNICEF as well as a range of actors including the Ethiopian Police College, Federal First Instance Court, Federal Training Centre for Judges and Prosecutors, and ACPF.
- The Child Justice Project Office (CJPO) organizes training on child development, child rights, child abuse and its impact, child friendly services, and juvenile justice issues targeting CPU staff, judges, and staff of child friendly benches as well as personnel of detention facilities, and the juvenile rehabilitation centre. These trainings are organized at federal and regional levels.
- Justice for All and Prison Fellowship-Ethiopia (JFA-PFE), an organization with interventions in over 110 prisons all over the country, has conducted capacity building projects on human rights, leadership, peace, democracy and good governance. FSCE has organized a number of training on social work, child case investigation, child psychology, child rights and child protection, guidance and counselling, and developmental psychology for CPU staff, volunteers working in CPUs and Community Based Correction Centres (CBCC), in Addis Ababa, Adama, and Dire Dawa.

- ACPF has organized training on children in conflict with the law and child counselling skills for CPUs in Addis Ababa.
- The Addis Ababa Police Commission, Save the Children Sweden, and FSCE have developed protocols and guidelines for the operation of CPUs, CBCCs and child friendly benches/courts.

293. The capacity building initiatives targeting the personnel of specialized justice system structures have contributed to an increase in the capacity and skills relevant to their activities.

294. The CJPO has developed guidelines for the operation of the Community-Based Correction C Centres (CBCC).

295. The existing specialized justice system structures provide legal aid and related services and linkages to psychosocial service providers for children suspected or accused of criminal offences as well. The specific services provided include:

- Legal and psychosocial services in CPUs: these services include guidance and counselling for children and their parents, material, tutorial and academic support in formal and non-formal education; recreational facilities; basic computer skills training; and library services;
- Social and rehabilitation services in CBCCs: children diverted from CPUs are provided with re-integration support through provision of educational, counselling and recreational services provided by volunteer tutors and social workers. Advice and follow-up are provided by community elders, volunteers and community workers; and
- Legal and social support in the child friendly juvenile benches/courts: these are provided by psychologists and social workers during judicial proceedings.

296. FFIC and CJPO have assigned social workers within the child friendly bench. Legal aid services are made available to children in contact with the justice system through programs implemented by NGOs and professional associations within and outside the justice system. NGOs such as ACPF, Lawyers for Human Rights in Adama, National Bar Association, ANPPCAN-Ethiopia, and APAP, provide legal advice and counselling in Addis Ababa and Adama. Although these initiatives begun in bigger towns, they have the potential to be replicated to other parts of the country.

297. Some initiatives have shown the potential for enhancing community engagement in matters relating to children in contact with the law. These initiatives include:

- Involvement of community leaders in preventing criminal behaviour among children and rehabilitating offenders through CBCCs which are operational in Addis Ababa;
- Involvement of child rights clubs and community based structures at the national and regional levels in the establishment of the CJPO;
- Establishment of community liaisons with law enforcement agencies, especially the police through community policing; and
- The community legal resource centres initiated by APAP in different towns, including in Addis Ababa and Adama.

298. Many of the protection measures identified for "young offenders" under the Criminal Code and the Criminal Procedure Code cannot be meaningfully applied in the absence of the required institutions within the justice system, including separate facilities for children deprived of their liberty, institutional care facilities, etc. However, the Ethiopian justice system has accumulated a wealth of good practices as a result of

government and NGO collaboration in relation to the establishment and operation of specialized law enforcement and judicial units. These include:

- The Community Based Correction Centres (CBCCs) have proved to be effective structures for diversion of children and thus, additional twelve CBCCs are established in Addis Ababa under a pilot project initiated by Forum on Street Children Ethiopia (FSCE) in collaboration with Save the Children Sweden and Addis Ababa Police Commission.
- CPUs are established in regional towns, including Adama and Dire Dawa, through the efforts of various government and non-government actors, and efforts are underway to replicate CBCCs in Adama and Dire Dawa through a project agreement signed between FSCE and the Women and Children's Affairs Bureau of the Dire Dawa City Administration by involving actors including Justice for Children Project Office at the Federal Supreme Court, regional police commissions and social affairs authorities. As a result, the CPUs are now part of the regional police commissions' structure.
- Child Justice Project Office (CJPO) is established and is operational under the Federal Supreme Court. Child friendly benches/ courts are functional in the Federal First Instance Court (FFIC) in Addis Ababa and Dire Dawa as well as in other regional towns including Adama in Oromia Regional State, Hawassa in the SNNPR, Mekelle, and in Bahir Dar. The CJPO plans to replicate the child friendly juvenile benches/courts in the regional judicial structure in Regional First Instance Courts (Woreda Courts) at Bahir Dar.
- Establishment of the Juvenile Remand Home in Addis Ababa to cater for the rehabilitation needs of children aged 9 to 15 years.
- Vocational trainings are given to 520 boys and 230 girls who are in conflict with the law in Oromia region. In addition to recreational facilities, guidance and counselling services are provided to rehabilitate the children without interruptions in their education. Similar services are also provided as preventive measures before detention. Psychosocial services are provided to 961 boys and 639 girls in different towns of Oromia region. Moreover, different trainings were provided to those children who are in contact with the law.
- 1,420 male and 368 female judges received training on child right protection and alternative care guidelines.

E. Children in situation of exploitation (arts. 32 and 34)

299. There were two national action plans relevant to the promotion and protection of children from abuse and exploitation. These are the National Plan of Action for Children (2003-2010) and the National Action Plan on Sexual Abuse and Exploitation of Children (2006-2010).

1. Economic exploitation and child labour (art. 32)

300. Pursuant to the Committee's recommendations contained in paragraphs 71 and 72 of the concluding observations on the third periodic report (CRC/C/129/Add.8), with regard to high prevalence of child labour, the following measures are taken:

- Ethiopia has ratified the ILO Convention which set the minimum age of employment at 15 years. The revised labour law proclamation No. 377/2003 provides important provisions to protect children younger than 14 years of age not to engage in employment and defines working conditions for young workers who are

between 14-18 years of age. Article 89 (3) of the Labour Proclamation prohibits employment of young persons in occupations which may endanger the life, or health of the young worker. Such occupations include; transport of passengers and goods, works connected with electric power generation and distribution, works involving heavy handling, working under-ground quarries and mining ores, work in sewerage, etc. MOLSA is entrusted with the power to prescribe the list of hazardous activities in which young person should not engage.

- A national Plan of Action (2010-2014) was developed to guide and coordinate a national labour response in the country. Decent work country program implementation plan (2009-2012) is the other instrument developed to bring about conducive working environment for children and women. In addition, there are other policies and plans of action under preparation, including a national plan of action against worst forms of child labour and developmental social welfare policy. The different instruments are expected to meet the needs of youth looking for their first jobs, stimulating and improving the diversity of choice and enhancing their contribution to the country's overall development.
- Several national and regional level sensitization programs are carried out, to create awareness on child labour, by using printed and electronic media, panel discussions and public rallies. About 12,000 children who are victims of labour exploitation in Somali region, have benefited from provisions of school fees and school materials, to help them continue with their education.
- Technical and financial supports are provided for vocational training in order to help youth to acquire skills for future self-reliance. On the other hand, the Government has been engaged in creating educational opportunities which, in turn, will reduce child labour and reduce the extent of large scale economic exploitation of children.
- Personal and professional level skills training are provided to prepare young girls for self-employment and/or access to family income. These measures, which are taken in accordance with the objectives of the ILO Convention No. 182, aim to gradually eliminate the worst forms of child labour.

2. Exploitation and sexual abuse (art. 34)

301. Pursuant to the Committee's recommendations contained in paragraphs 73 and 74 (a)-(d) of the concluding observations on the third periodic report (CRC/C/129/Add.8), the Government made efforts to implement awareness raising and educational measures, to support physical and psychological recovery of victims through training of professionals, resource allocations, and implementation of a comprehensive policy.

302. The staffs of victim protection structures and law enforcement and judicial structures have been provided with trainings aimed at building their capacities to respond to VAWC. The Ministry of Justice, the Federal Supreme Court, and the Federal Police Commission have developed curricula to sensitize and train police officers, prosecutors, and judges on child rights, ways of responding to reported incidents of VAWC, and handling of child victims. Training centres such as the Federal Training Centre for Prosecutors and Judges, the Federal Police University College, and regional police training centres have also integrated child rights, women's rights and VAWC within their respective curricula. As part of the Business Process Re-engineering (BPR), Prosecutor-led investigation and Real Time Dispatch (RTD) benches have been introduced at the federal and regional levels.

303. The MOJ, with financial support from UNICEF has established a Centre for the Investigation and Prosecution of VAWC within the premises of the Lideta Division Federal First Instance Court in Addis Ababa. However, there is a plan to conduct prosecutor-led investigation of VAWC cases at the sub-city level in Addis Ababa and Dire Dawa cities

and to strengthen the Centre by teams of specialized prosecutors who supervise and monitor whether the investigation of VAWC have been conducted effectively and thoroughly at sub-city level.

304. The efforts made by the formal justice system structures were supplemented by a number of training and capacity building interventions implemented by NGOs.

305. A large number of awareness and sensitization programs which target community members with information on women's rights, child rights and violence related issues have been implemented by government and NGO actors. The MOJ, CJPO, MoWCYA, Ethiopian Human Rights Commission (EHRC), the International Organization for Migration, Ethiopian Women Lawyers' Association (EWLA), Tsotawi Tekat Tekelakay Mahiber (TTTM), Zema Setoch, Network of Ethiopian Women Associations (NEWA), ACPF, ANPPCAN-Ethiopia, APAP, members of the Save the Children Alliance are the main partners in this respect.

306. The Special Prosecution Unit dealing with cases of VAWC under the MOJ has deployed social workers who provide counselling to survivors of violence while they are in preparation for court hearings. Support is provided to child victims and witnesses by experts in a way that is friendly and sensitive to the privacy and personal safety of the persons involved. The Federal First Instance Court (FFIC) and the Child Justice Project Office of the Federal Supreme Court (FSC/CJPO) assigned social workers in the victim-friendly and family courts.

307. The Federal First Instance Court (FFIC) has established a victim-friendly bench that handles cases involving victims of VAWC using a closed-circuit TV to protect child victims from facing the perpetrator and public while testifying in court. The FFIC has also established a family court to adjudicate, among other cases, family disputes affecting the best interests of children, and custody, and adoption proceedings.

308. A Manual on Investigative Interview is developed by the Child Justice Project Office of the Federal Supreme Court. Additionally, a Child Justice Guideline for Dealing with Witness and Surviving Children in the Justice System is developed by the Child Justice Project Office of the Federal Supreme Court.

309. Sexual abuse is widespread in urban centers, especially among vulnerable groups such as orphans and homeless children. In order to alleviate the problem, the Government has developed a national strategy to prevent and mitigate violence against children. In 2006, MOLSA formulated a national plan of action on sexual abuse and exploitation of children (2006-2010) with the overall goal of reducing the impact of commercial sex work on children. The National Steering Committee on Sexual Abuse and Exploitation of Children is also established in 2005 comprising both governmental and non-governmental actors to assist in combating the social catastrophe.

310. Recognizing the prevalence and magnitude of the problem of VAWC and as a result of the 1st Gender Justice in Africa Colloquium held in South Africa in 2006, The Ethiopian Government took a step to establish a National Coordinating Body and developed an "Integrated and Multi-Sectoral Approach to Prevent and Respond to Violence against Children" in coordination within the justice and other key sectors.

311. The gravity of the penalty for the case of child sexual abuse is increased on the revised criminal code of the country. The act of sexual abuse of children in the age group 13-18 years according to the criminal Code articles 626 and 627 criminalize perpetrators with sentences ranging from 3-15 years.

312. Rehabilitation measures have also been organised for victims in different hospitals. MOJ in collaboration with Addis Ababa Health Bureau and other members of the National Coordinating Body is establishing an integrated care and justice centre in Ghandi Hospital

where multi-sectoral victim support services including investigating police, prosecutor forensic police, nurses and social workers work together.

3. Sale and child trafficking (art. 35)

313. Pursuant to the Committee's recommendations contained in paragraphs 75 and 76 (a)-(c) of the concluding observations on the third periodic report (CRC/C/129/Add.8), the Government took the following steps:

- The Criminal Code included provisions that criminalize trafficking of women and children for the purposes of sexual or labor exploitation. It also criminalizes the acts of a person who makes arrangements or provisions of any kind for the procurement of or trafficking of human beings.
- The act of trafficking in women and children is equally punishable regardless of its territorial and cross-border manifestations. The act of illicit trafficking in teenagers or keeping such persons for the purpose of sexual exploitation or similar ills is punishable under the law.
- The country's current context of trafficking makes it difficult to get reliable and comprehensive data. As a result of this the prevalence rate is not available.

314. Measures taken to combat child trafficking and abduction of children includes the following:

- Formulation of a national plan of action for elimination of worst forms of child labour (2010-2016) which was adopted by MOLSA;
- According to article 597 of the criminal code, the penalty for perpetrators of child trafficking is imprisonment for 5-20 years;
- Controlling measures are introduced to check, whether children are travelling with their parents or other legal guardians in public transportation services. This system helps to protect the children from trafficking.

315. Trainings and awareness raising programs are organized for justice personnel, drivers of public service vehicles, the staff and attendants of bus terminals, mediators and police members about the negative consequences of child trafficking. Efforts are also being done to involve them in the preventing and controlling the problem.

316. In the Regional States of Amhara, SNNP and in Addis Ababa, where trafficking is prevalent, the Government has established trafficking checkpoints in selected bus stations. This control mechanism is implemented through offices set up for this purpose and implements steps such as including detaining and reuniting trafficked children with their families.

317. A National Task Force is established in 2004 to take coordinated action with the view to tackle trafficking in women and children from the country. MOLSA and the MOE have worked in partnership with the International Organization for Migration (IOM) in prevention and several counter-trafficking activities. Women and Children's Trafficking Monitoring Directorate was also established at the Ministry of Foreign Affairs, which has also agreed to designate Labor Attaches within the Ethiopian embassies abroad to deal with the growing problem.

318. 120 male and 30 female border security members working in border areas are trained on child trafficking. In addition, training is provided on alternative child care methods to different stakeholders.

Table 1
Budget allocation for state sectors

Sector	*2005/06*	*2006/07*	*2007/08*	*2008/09*	*2009/10*
Education	2,744,244,304	3,447,568,231	4,040,477,393	5,288,294,332	6,755,966,147
Health	529,660,215	1,256,651,821	2,238,143,097	1,997,154,236	3,786,096,503
Culture and sport	43,996,473	122,878,879	129,138,022	162,905,262	193,965,452
Social and labor affair	22,385,252	13,260,588	15,102,008	14,612,941	17,684,360
Water	-	1,034,417,690	1,125,896,468	1,352,033,609	1,869,986,024
Justice	511,914,079	554,904,091	699,545,757	914,589,057	1,177,350,678
Agriculture	4,384,237,045	3,911,852,671	4,341,597,355	9,334,490,245	9,802,589,452
Disaster prevention	-	669,972,882	623,158,193	11,871,755	921,665,299
Grand Total	**28,031,758,089**	**32,348,361,410**	**41,933,557,362**	**54,605,376,152**	**71,281,521,463**

Source: MOFED.

Table 2
Number of orphaned children

Orphaned children	*Boys*	*Girls*	*Total*
Rural	2,388,196	2,503,343	4,891,539
Urban	17,308,654	16,206,656	33,515,310
Children with disabilities	126,195	106,390	232,585
Child headed households	166,773	100,279	267,052
Father only alive	405,771	397,406	803,177
Mother only alive	1,258,016	1,215,832	2,473,848
Both parents deceased	271,965	265,536	537,501
Orphaned children	6,365	664	7,029
Total orphaned children	**19,696,850**	**18,709,999**	**38,406,849**

Source: National Census, 2007.

Table 3
Planned cost of ESDP III in million Birr

Sub program	*Capital*	*Recurrent*	*Total*	*Percentage Share*
Primary Education	11,866.0	16,161.7	28,027.7	54.76
Secondary Education	2,895.1	1,893.3	4,788.4	9.36
Technical and Vocational Education and Training/TVET/	1,729.7	1,269.8	2,999.5	5.86
Higher Education	4,106.9	8,830.8	12,937.6	25.28
Other, including contingency/	1,242.0	3,748.1	4,990.1	4.74
Total	**21,839.7**	**31,903.6**	**53,743.3**	**100.0**

Source: ESDP IV.

Table 4
Certified primary teachers (grades 1-8)

		% Qualified Teacher				
		Diploma and Above				
1.3 Level Year		*1998 E.C (2005/06)*	*1999 E.C (2006/07)*	*2000 E.C (2007/08)*	*2001 E.C (2008/09)*	*2002 E.C (2009/10)*
1st Cycle (1-4)		97.6	96.3	97.3	89.4	15.5
	Male	97.2	96.4	97.0	90.8	14.6
	Female	98.2	96.3	97.5	92.3	16.6
2nd Cycle (5-8)		59.4	53.4	66.3	71.6	77.8
	Male	58.6	52.2	64.1	69.6	82.4
	Female	62.6	56.8	72.5	76.8	76.8

Source: EMIS 2009/10.

Table 5
Certified secondary school teachers (grades 9-12)

1.4 National Data	*Total secondary school teachers*			*Total degree and above graduate teachers*			*% Qualified teachers*		
	Male	*Female*	***Total***	*Male*	*Female*	***Total***	*Male*	*Female*	***Total***
Total	41,315	4,745	**46,060**	30,948	4,692	**35,639**	74.9	98.9	**77.4**

Source: EMIS 2009/10.

Table 6
Enrolment of children with special educational needs

1.5 Disability	*Secondary (9-10)*			*Secondary (11-12)*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
Visually impaired	284	159	443	100	41	141
Physically impaired	1,500	981	2,481	197	74	271
Hearing impaired	242	149	391	48	19	67
Children with mental retardation	200	113	313	13	9	22
Others	158	85	243	28	7	35
Total	**2,384**	**1,487**	**3,871**	**386**	**150**	**536**

Source: EMIS 2009/10.

Table 7
Number of children with disability

	Primary (1-8)		
Disability	*Male*	*Female*	***Total***
Visually impaired	3,827	2,877	**6,704**
Physically impaired	9,770	7,148	**16,918**
Hearing impaired	5,946	4,466	**10,412**
Mentally retarded	6,020	4,424	**10,444**